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ABSTRACT

This resource guide provides detailed information for Head Start programs and other organizations interested in planning and operating a home-based comprehensive child/family development program. Part I deals with topics such as: (1) assessing needs and interests, (2) goals, objectives, and resources, (3) administrative planning, (4) community participation, (5) recruiting and selecting home visitors, and (6) training. Part II outlines more specific recommendations important to effective program operations, involving community resources, home visits, and records and reports. While the guide was prepared for Head Start programs, much of the information offered is of value to others. (CS)

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A Guide for Planning and Operating Home-Based Child Development Programs

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A Guide for Planning and Operating Home-Based Child Development Programs

June 1974

U.S. DEPARTMENT OF
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OFFICE OF CHILD DEVELOPMENT
HOME START

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FOREWORD

Home Start was begun as a Head Start demonstration in March 1972, to help parents do with and for their own children at home many of the same kinds of things that Head Start staff members do with and for children in Head Start centers. (See Home Start Fact Sheet, page E-2). The idea of working with parents to help them understand and better contribute to the development of their own children has received considerable support from many families in a number of communities throughout the country. One indication of the interest in the Home Start concept is that well over 100 Head Start programs have begun developing a home-based component as part of their overall Head Start program.

In addition to Head Start programs which are adapting and incorporating Home Start concepts, there are a number of other agencies and programs which want to focus more attention on parents as resources to their own families.

The rapidly growing interest in parent-focused, home-based child development programs has brought with it a need and demand for supportive guidance materials to help programs plan and implement such programs. Many of the previous home-based programs have prepared training and administrative guides, but often such guides were for the programs' own use, and were not generally available. This Guide is a first attempt to draw together much of what has been developed and learned in recent years -- especially by the 16 Home Start demonstration programs -- to give some guidance to others in planning and operating a home-based comprehensive child development program which relies on home visitors and parents to carry out the program on a continued, daily basis.

The Guide comes at a time when many Head Start programs, as part of the Head Start Improvement and Innovation effort, are making decisions locally to reorganize their "traditional" programs in accordance with several program options now available to them. (See Appendix H). One of the options, the home-based option, allows programs to de-emphasize the center-based or group program for children, and to emphasize the parents' role as part of a home-based program. This Guide does not deal with all Head Start program options, but will offer, in Chapter I, guidance on assessing community needs to determine the feasibility of a home-based program.

We are indebted to a number of people for their contributions to this Guide. Dr. Carol Seefeldt and Barbara Ruffino of Kirschner Associates had major responsibility for its preparation. Sherry Kapfer and Florence Seguin worked closely with them through all phases of the Guide's development. People who served on a review panel for developmental drafts and who gave their expertise and assistance to the project were: Dr. Allana Elovson, Ms. Janetta Gilliam, Mr. Howard Lesnick, Mr. Oscar C. Lott, Ms. Rose Margosian, Ms. Sheri Noble, Mr. Richard Ruopp, Ms. Ruth Steinsieck, Dr. Paul Vicinanza, and Dr. George Witt. In addition, over 75 people reviewed a January, 1974, Working Draft of The Guide (called at that time "Parent and Home-Based Child Development Programs: A Guide for Head Start and Other Preschool Programs"), and offered suggestions, many of which were incorporated into this document.

Despite the contributions of so many people in the development of this Guide, it can only be a "first step" in helping any group interested in the Home Start idea, but we do hope it will provide basic support, information and guidance to those who are interested in understanding and perhaps using Home Start concepts and procedures in their own efforts.

Ruth Ann O'Keefe

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Director, Home Start

May 1974

Earlier Programs

Home-based child development programs have been in existence on a small scale for a number of years. They function on the concept that parents are not only the first, but can also be the most influential educators and "developers" of their own children. These programs have helped parents to provide for their children, in their own homes, many of the same developmental activities and support services that the children would receive if they were attending a child development center.

Promising results from these early home-based child development programs have also shown that home-based services can be economically feasible, as well as highly beneficial to the children, families, and communities. For example, HOPE, a home-oriented preschool education program of the Appalachia Educational Laboratory in Charleston, West Virginia, has been providing home-based services to families for several years. Dr. David Weikart's High/Scope Educational Research Foundation in Ypsilanti, Michigan has built home-based services into its preschool education program. Dr. Phyllis Levenstein's Mother-Child Verbal Interaction Project, in New York City, has toy demonstrators who bring a new toy or book into each home weekly, as part of its program. The Institute for the Development of Human Resources at the University of Florida, under the direction of Dr. Ira Gordon, has been operating a home-based program for some time, and Dr. Ronald Lally administers a home visitor program through the Children's Center of Syracuse University.*

Home Start

The success of these and other home-based child development programs led to the establishment by the Office of Child Development, DHEW, of the program known as Home Start. Home Start, including 16 home-based child development sites located throughout the U.S., is serving as a demonstration project for local Head Start programs. Home Start offers assistance, guidance, and resource information for programs that desire to establish home-based child development services, in addition to or instead of offering services in centers. It should be noted, that although often an existing center-based program converts partially or totally home-based, the Home Start concept can also be successfully implemented "from scratch" by programs that have never provided child development services previously.

The major goals of Home Start are:

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*For more information on these and other programs, see ERIC's Mother Child Home Learning Program: an Abstract Bibliography, compiled by Norma K. Howard in April, 1972 (Available for 80¢ from: College of Education Curriculum Laboratory, University of Illinois, 1210 W. Springfield Avenue, Urbana, Illinois 61801.)

their own children.
- to help strengthen in parents their capacity for facilitating the overall development of their children.
- to demonstrate methods of delivering comprehensive Head Start type services to children and parents, or substitute parents, for whom a center-based program is not feasible.
- to determine the relative costs and benefits of center- and home-based comprehensive early childhood development programs, especially in areas where both types of programs are feasible.

This manual is based primarily on the Home Start experience to date, which in turn was based on the experiences and findings of other similar programs. Its purpose is to offer the benefit of this experience, and tested ideas and procedures which may be helpful to organizations desirous of offering home-based child/family development services. While it has been prepared first and foremost for the benefit of Head Start programs, much of what it contains should be of value to others.

It includes suggestions on various factors that should be considered seriously before deciding to offer home-based services, discusses the major components of a comprehensive program, and offers recommendations with regard to such important matters as involving related community resources, selecting and training home visitors, and so forth. It offers some bibliographical references; for more extensive references, a copy of the Bibliography: Home-Based Child Development Program Resources is available free on request to Home Start, Office of Child Development, Department of Health, Education, and Welfare, Box 1182, Washington, D.C. 20013.

Note: This manual deals with only one of several program options available to Head Start programs. For information on other program options and alternative service delivery systems, see the Office of Child Development Notice on Program Options for Head Start (OCD Notice N-30-334-1, dated 8/21/73), Appendix (H).

PART I: PLANNING AND IMPLEMENTATION

CHAPTER ONE -- ASSESSING NEEDS AND INTERESTS

Over the next several years, many Head Start and other child development programs will be reassessing their program direction and emphasis. For example, in order to meet the recently revised Head Start Performance Standards,* and to respond to the increased emphasis on innovations and improvements, many Head Start centers will probably consider seriously home-based services. This will no doubt mean a reassessment of community and parent needs and interests.

The exact nature of any reassessment will of course depend on the individual program's existing base of services. For example, if a program is currently providing extensive center care child/family services, any assessment would undoubtedly include both the need for additional center care and the existence of other potential resources for providing more center care services. On the other hand, if there is less of a need for center care services, then the program might consider using some of its resources to provide comprehensive child development services through a home-based program. In looking at services for handicapped children, some programs must also decide if a home-based program can better serve the needs of handicapped children, as it will serve all members of the family, including preschool and other handicapped children.

A. CONDUCTING A SURVEY

Community needs assessments usually develop data on at least the following items with respect to low-income families in the area or neighborhood served by the program:

--number of children in the age ranges eligible for service
--number currently being served in all resources
--number of preschool children and ages per family served/not served
--number of handicapped children
--number of handicapped being served
--number of handicapped by type/degree of handicap
--other community resources serving children and families such as: day care centers, family day care homes, home visitation programs
--number of working mothers or mothers in training programs.

Much of this information is often available through:

--Community Action Agencies
--Area Planning Councils
--Human Resource Committees
--Schools
--Other Agencies

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*Available from Head Start, Office of Child Development, P.O. Box 1182, Washington, D.C. 20013. Refer to OCD Notice N-30-364-1, dated 1/8/73.

Information which is not otherwise available can be collected through a community survey by volunteers and staff of the organization concerned, through community meetings, door-to-door, by telephone, and by mail.

In considering the need for a home-based program, one important factor is the amount of local interest in such a program. In some instances it will be found that while there may be a great need for a home-based program, parents, staff, and others are interested only in maintaining their existing center-based program. In other instances, there may be some apparent interest in starting a home-based program, but little practical need for one. It is critically important that the final decision be based on sound evidence and careful assessment of (1) the extent of the need, (2) the depth of the interest, particularly when implementing home-based services will mean reducing or eliminating center-based services, and (3) the values and benefits of a home-based program.

1. Specific Data Needed on Parents

In conjunction with the assessment of need, it is of course important to find out how many of the income-eligible parents in the community have children of a suitable age and are interested in participating in a home-based child development program. This data can be gathered in part through use of a questionnaire sent home with Head Start children, as well as distributed in other ways. The questionnaire should include at least the following items:

--a description of the nature and purpose of the home-based services that are being planned.
--Does the mother work? Full-time? Part-time?
--How do the mother and father feel about working with a home visitor?
--What specific services would parents like to have through a home visitor program? Some of these might be listed.
--Are parents willing to devote time to attending parent group sessions?
--If they have a child now in Head Start, how would they feel about transferring to a home-based program in which the child would not come to the center, or in which the child would spend less time at the center?
--What is the geographical location of the family? What kinds of transportation would home visitors need to reach the family?

Each program will want to add other items which reflect some of the aspects of their program, either present or planned. For example, programs with handicapped children may have certain items which relate to specific aspects of care for these children in a home-based effort.

This initial survey of parents can serve as a valuable planning tool for the program especially if an effort is made to ensure that questions are asked which will elicit information on parents' expectations of a home-based program, as to how they feel such a program can best serve them. Negative reactions can also be useful. For example, if, based on specific facts or needs, a home-based program is planned in spite of negative reactions of some parents, staff, or others, the reasons for these negative reactions can be ascertained and responses to the concerns can be built into the program design or the orientation. Each program may also want to add other items which reflect some of the specific aspects of their program, either present or planned.

Approval of the Policy Council is naturally essential in planning such a program. Where negative reactions or questions arise from parents, Policy Council members can often be instrumental in dispelling fears about this difference in approach.

2. Staff Attitudes and Interests

In addition to the interest in such a program on the part of parents and community, another important factor to be considered carefully is the interest and attitude of staff. This is critically important where there is any intention to convert all or part of an existing center program to home-based. Staff support of such a change is of course extremely important and the matter should be brought out into the open for full discussions as soon as possible. Rumors and inklings of an impending change without any knowledge of how it might affect the staff will naturally cause them to be apprehensive, and probably to some extent more resistant to change.

As with parents and Policy Councils, staff interest in both the addition of a home-based service and in personally participating in such a service should be assessed. This initial survey of staff attitudes should be prepared with as much positive reinforcement as possible. The first step, of course, is to ensure that the staff is well informed about what home-based programs are and how they function. Then, for example, questions can be asked which elicit their opinions such as:

--How will a home-based program benefit families and the community?
--What elements of such a program do you think would be most helpful?
--In what ways do you think your experiences can be used to assist us in setting up such a program?
--Would you be interested in helping develop and/or participating in such a program?
--What disadvantages and problems do you foresee?
--What do you recommend we do in regard to adding home-based services?

In assessing staff as well as parents, it will be helpful to determine what their "expectations" are for a home-based program. What do they think it can accomplish, and what do they feel it may not be able to accomplish? These expectations will then form an important part of the planning both for the program goals and objectives, and for the orientation of staff, parents, and community to the program once it is developed.

B. OTHER THINGS TO BE CONSIDERED

1. Geographic Distribution of the Families to be Served

Many programs will also have to take a close look at the geographic distribution of their client population in order to assess properly the feasibility of a home-based program. If the program is to be economically feasible, a home visitor should be able to work with approximately 8 to 15 families, visiting each for perhaps 1 to 2 hours each week. The home visitor of course also needs to spend some time in recruiting families, preparation and planning for home visits, reporting, and receiving training. In areas where roads are difficult and perhaps impassable in winter, and where the population is widely dispersed, the cost of transportation and the length of time needed to get to and from families may limit the number of families that can be properly served, and in some cases a home visitor program might seem inadvisable in this type of location. On the other hand, the home-based program may provide for families that would otherwise be totally without any child development services. The trade-off of center-based for home-based may mean that fewer families are served, but services are provided to families that would otherwise have no services. The decision can only be made after careful consideration of the geographic and transportation factors as well as the needs of the families.

2. Seasonal Effects and Local Customs

In considering the development of a home-based program, the local customs of the population certainly will be taken into account. If customs are such that a visitor in the home would not be acceptable, then this should be considered in the planning for such a program. In this case either the program can be planned so that these families are not part of the home-based effort or some other more acceptable alternative is developed.

In some communities there may also be some seasonal fluctuations in the need for a home-based program. An example might be a community where migrant families spend only several winter months before heading north again in the early spring. Parents may want home-based services only in the summer when an in-home program will help the children to keep up with educational activities, particularly if they are just entering nursery school or kindergarten.

3. Home-Based Programs Already Serving the Community

A survey of the area should be conducted to determine if there are already home-based services. If such services do exist, such as a visiting nurse program, agricultural extension services, or other program, some coordination will be needed. These programs may be able to assist in planning, since they will have had to deal with many of the problems that you will face. Coordination will also be important to determine if these other programs are already serving the same population adequately, or if the community needs additional, similar services that can be provided without duplication.

4. Comparative Costs

There are indications that home-based programs may be less expensive on a per-child basis since the parents are soon doing most of the child development work. Further, although there may be only one child enrolled in the program, his siblings, neighbors, and friends may be getting development services as a result. Although firm evidence on costs is not yet available, in considering the needs for such a program there are some obvious savings which can be made with regard to facilities costs, food preparation and service, and staff ratios. Depending upon the geographic spread, home visitors often serve anywhere from 8 to 15 families, compared to a ratio of 5 to 10 children or less per staff member in a center operation. In addition, all home visitors can be paraprofessionals (although professionals have been used by some programs), whereas many positions in centers are occupied by professionals, such as certified teachers. However, the difference in costs applies primarily where there is one program, either a center-based or home-based. If a combined program of home visits and center-based services is planned, the cost factors are very different. In such cases, some of the "savings" in facilities costs may be partially or almost totally offset by increased costs of transportation and/or insurance costs for a home-based program.

5. Converting Totally to Home-Based Services

Based on the needs and interest in a home-based program, it may seem advisable to convert from a center-based program to a totally home-based effort. In this instance, some group activities for both parents and children can still be planned, but full-time center facilities (rent, utilities, etc.) may not be needed, and a comparatively small headquarters staff will be needed. Where cost is a factor, the reduction of the cost of facilities, fewer staff, and elimination of food costs may make this a more feasible option.

6. Converting Partly to Home-Based Services

Converting a center program to part home-based with some organized center activities may be a more acceptable option, especially where parents have been involved in a center program. One of the biggest obstacles to conversion to a home-based program is often the parents who feel that the center program will benefit their children more. They may feel that their children will learn more from professional teachers than from someone coming into the home only once or twice a week. Actually, the children in home-based programs will mostly be learning from their parents, and benefitting from the parents' increased capabilities to meet all their children's developmental needs. However, where these attitudes are prevalent, a partial conversion to home-based may be a more acceptable and more sensible option. This may involve visits once or twice a week to each home, and then having the children come to the center the remaining two or three days.

Where parents of children presently in the center program are totally resistant to a home-based program, it may be possible to keep those children in a center program but reduce the number of days, and on the other days use the home-based program to reach a different target group of families. These are only a few of the many possibilities which can be arranged under a partial conversion program.

C. SUMMARY OF KEY POINTS AND QUESTIONS

More and more Head Start and other child development programs are giving serious consideration to such special values of home-based services as *continuity* and *greater family involvement* in child development. When the parents have been assisted to improve their skills substantially at, and their interest in, comprehensive child development, these benefits go on and on, year after year, with whatever number of children may follow, and the work that is done with the older children helps prepare parents to be more effective in later years.

However, it is not only possible but likely that some center-based programs are not in a position to provide home-based services, and therefore should not do so. It is certainly better, for the benefit of the community, to continue a highly effective center-based program than to substitute for all or part of such services an ineffective or unworkable home-based program.

Listed below are some key questions to which there ought to be solid, positive answers before a decision is made that home-based services are to be provided:

(1) Has there been a thorough assessment of need that has established that there is a clear community interest in having home-based services?

(2) Are there *enough* families in the community who are definitely interested in and eligible for participating in a program which emphasizes home visits and the role of the parents?

(3) Is the existing staff made up of people who already have the skills and interests needed to work effectively with parents in their own homes? If not, does the program have, or can it obtain the considerable training necessary to prepare existing staff for their new roles? Is the staff willing and interested in receiving such training?

(4) Can the transportation needs be met? In most areas, public transportation is not an efficient mode of travel to many local areas, and at times no such transportation may be available. Experience has shown that home visitors need car transportation to get around quickly, to transport materials, take parents and children for special services needed from local resource agencies, and so forth.

(5) Can ways be worked out to include fathers and other family members who may be away from home during the day? The answer to this usually involves meetings and home visits in the evenings and on weekends. In some ways, a home-based program requires a selflessness and dedication on the part of the staff that goes beyond the demands of the workload and schedules of center-based services.

(6) What would be the impact on the number of people involved? How many people are in the families? How many would be directly served by a home-based program?

(7) Which program would provide for more individualization in meeting the needs of children and families?

(8) How could the home-based program obtain full and continual involvement of parents?

(9) By focusing the home-based program on total families, would a home-based approach be more effective?

(10) Could some attempt be made to involve children in group activities as well as home visits, so that they can derive the benefits of social interaction?

CHAPTER TWO -- GOALS, OBJECTIVES, AND RESOURCES

If a firm decision has been reached to implement home-based services, effective planning and program development will be needed so that the program will be efficiently launched and enthusiastically received. It is important that as many people as possible who are to be involved in the program participate in designing and developing the plans and policies which will guide the program's implementation and operation. This certainly should include some parents, available staff, Policy Council members, governing and advisory board and community agency representatives, and consultants. The earlier their involvement and input, the more the program will likely gain quick and full acceptance.

A. GOALS AND OBJECTIVES

The ultimate success of a home-based program will lie to a considerable extent in the careful design and clear statement of what the program will aim to do, and specifically how these aims are to be accomplished. As part of the planning, goals and objectives should be decided on, and listed. Goals usually reflect broad, long-range aims, whereas objectives are generally steps set in time schedules. For example, a goal might be to improve each child's health. One related objective might be to have each child physically examined within 30 days of enrollment in the program. Another objective could be to set up home health records on all children by a certain date. Goals need to be clear and concise. They are statements of what the program intends to accomplish, and what broad changes are expected to come about as a result of the program's activities. They must be simply stated so that staff, parents, and other community members will understand readily what the program is and is not attempting to do. Accomplishment of some objectives, and the establishment of new ones, moves the program systematically toward its goals. Later, evaluations can be based on the degree to which the program succeeded in moving satisfactorily toward its stated goals and in accomplishing the agreed-upon objectives. Misinterpretation or misunderstanding about program goals and objectives can seriously affect both the acceptance and the eventual success of the entire effort.

There are two primary sources of information which can be used as aids in developing goals and objectives: 1) the Office of Child Development Notice on Program Options for Project Head Start (OCD Notice N-30-334-1, dated 8/21/73)* and 2) the information received from the needs assessment referred to in Chapter One.

Head Start options are based on generally accepted principles of child development as well as research and development in the field. Perhaps the best example of goals for home-based programs is found in the goals for the Home Start demonstration program, found on page 2 of this guide. These goals can be easily adapted to meet the needs of most home-based programs under existing federal standards.

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*See Appendix (H).

In some communities there may be more specific goals which will also need to be defined. These can be obtained from the needs assessment survey information. For example, if there is a strong concern among parents or within the community from homebound handicapped children, one of the overall program goals may be to begin providing comprehensive child development services, and information on the handicapped, to handicapped children and their families.

Once these goals and objectives have been outlined, the next step in the planning process can be to decide on what components of services are to be offered. In Section C. of this chapter examples of goals are suggested for each of the major home-based program components.

B. USE OF COMMUNITY RESOURCES

There are a surprising number of organizations, agencies, and associations which can be directly or indirectly helpful to staff and families in your home-based program. Even if there are no special difficulties, you may want to try some new activities occasionally and many community resources can be helpful in doing this.

Many Chamber of Commerce or similar community groups publish pamphlets of civic and social organizations, complete with names of people to contact and telephone numbers. In some counties and states, the department of welfare or social services provides this information in booklet form. Copies should be obtained for all staff and families in the program and instructions given in how to use the booklet.

Knowing what agencies are willing to handle the various family problems that will be found, and getting them involved with the program early in the planning pay great dividends when the program swings into operation.

In many communities one of the most helpful organizations in the field of Child Care is the local Community Coordinated Child Care Council (4-C Council). The goal of the 4-C is to provide more services for children through better coordination and understanding by persons concerned and involved in children's services. They often have a list of all of the services for children and can assist you in making contact with the appropriate persons for your needs.

Another group which can be of help is the local Child Advocacy Program. These groups are just beginning to be set up in many communities under the auspices of the Joint Commission on Mental Health of Children. They are concerned with the planning and coordination of services to children and youth and their families. Other established community organizations, such as the Community Planning Council and Governors' Committees for Children and Youth may also be useful.

All of the Home Start programs initiate or strengthen productive relationships with existing community services and resources. Examples range from simply helping families use -- and feel comfortable in -- the local library, to making arrangements with a hospital to provide family health and counseling services at nominal or no cost.

Some programs have enlisted the cooperation of local colleges to sponsor both credit and non-credit courses. For example, the intensive two-week (80-hour) Home Start training session for the Huntsville (TARCOG), Alabama, Home Start, rated three college credits and was at little cost to the program.

TARCOG's Home Start program believes firmly in sharing resources with other agencies and emphasized inter-agency cooperation, particularly with local educational institutions, during its training program for its staff. The importance of the role of community resource agency referrals is shown graphically on the following page.

At least two Home Start programs (the Huntsville, Alabama, and the Harrogate, Tennessee, programs) are integrated into Regional Council of Government Planning Organizations, and therefore have an opportunity to integrate their programs into a broad multi-county network of support.*

The Navajo Indian Home Start receives educational and health materials from the American Red Cross.

Several programs coordinate closely with the local school system and share training workshops, libraries, resources, and space for group activities such as parent meetings. Most programs are working toward improved access to and use of surplus and commodity food resources.

Other community resources used range from planned parenthood workshops sponsored by local community groups to the educational TV network for consulting and production of TV shows.

Most programs considering a home-based component will already have extensive relations and agreements with local agencies and organizations. However, it is important when the focus of the program is changed or a home-based program is being considered, that these agencies be involved in the planning, and that new agreements be reached. Experience has shown that these agreements should be in writing.

C. COMPONENTS FOR A HOME-BASED PROGRAM

All Head Start programs, as well as many other child development organizations, are designed to provide comprehensive services to children and their families. Component services include: (1) education, (2) social services, (3) health services (including physical and mental health, dental health, nutrition, and safety), and (4) parent involvement. For most programs con-

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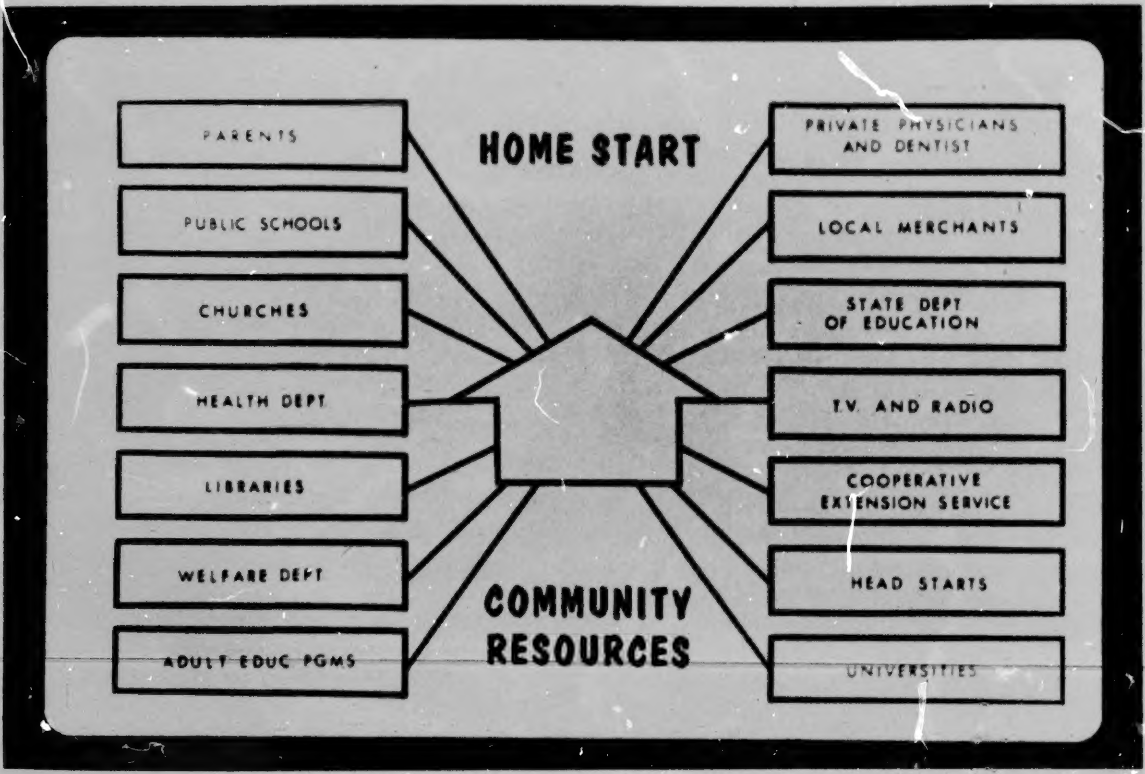
*This concept is explored in detail in "The Rise of the RESA" in Appalachia Magazine, Volume 6, No. 2, October-November, 1972 issue. Copies may be obtained from the Appalachian Regional Commission, 1666 Connecticut Avenue, N.W., Washington, D.C. 20009


HOME START
PARENTS
PUBLIC SCHOOLS
CHURCHES
HEALTH DEPT
LIBRARIES
WELFARE DEPT
ADULT EDUC PGMS
PRIVATE PHYSICIANS AND DENTIST
LOCAL MERCHANTS
STATE DEPT OF EDUCATION
T.V. AND RADIO
COOPERATIVE EXTENSION SERVICE
HEAD STARTS
UNIVERSITIES
COMMUNITY RESOURCES

sidering home-based services, all these component services are important. A comprehensive child development program should not overemphasize one component to the neglect of the others, and should adhere to the Head Start Performance Standards as much as possible.

1. Education

The aim of the education component in home-based child development programs is to help the parents enhance the intellectual and physical development of their children. This means since parents are the major educators of their preschool children there is an important, continuing need to teach and motivate parents to support their preschoolers, and to supplement the work of the schools in educating their older children.

a. Examples of Education Component Goals

- --To make parents aware of how to make the most of everyday living experiences, and to utilize them fully as "learning experiences."
- --To assess the educational needs of the children, including preschool children, older children who are in school but whose needs are not being fully met, and all handicapped children;
- --To provide parents with information and material on how to become better educators of their children;
- --To improve parents' knowledge and understanding of general early childhood development;
- --To identify materials in the home that can be used for toys and games--and learning;
- --To operate parent workshops, toy lending libraries and sewing and woodwork equipment centers where parents can make their own educational materials as well as learn to sew, do woodworking, etc.;
- --To increase the ability of parents and children to use their own existing resources (time, money, space, energy) to their own advantage;
- --To help parents reinforce their children's positive behavior;
- --To continue helping children become better prepared for school in terms of general knowledge and basic concepts;
- --To reinforce the positive ways parents relate to their children;
- --To explain to the parents what they are teaching as they involve their children in making beds, washing clothes, planting a garden, repairing the car, and so forth.

b. Local and State Resources for the Education Component

(1) Libraries offer:

- --the opportunity for staff, parents, and children to obtain library cards and borrow books, paintings and prints, records, and film strips or slides for use in the home or for training;
- --weekly story hours, puppet shows or activity hours for preschool children, and a variety of seminars and discussion groups on topics ranging from gardening to ceramics to car repair for adults;
- --Librarians who are often willing to conduct training sessions on use of the library, children's literature, or book reviews of current best sellers;

- talking books, tape recorders, or language masters for children with special needs;
- bookmobiles for outlying areas;
- librarians who can help select books, schedule story or puppet hours for children, and aid in finding reference materials.

(2) Schools and Day Care Centers offer teachers, students, and social workers who can:

- visit homes and work with children with special needs;
- assist school-age children in the family -- tutoring, etc;
- provide students to assist as volunteers;
- conduct adult basic education classes in child care, education, and other subjects;
- sponsor arts and crafts courses.

Many local school systems sponsor a variety of recreational activities for children and adults. A call to the local school board will locate classes for adults and children.

(3) Agricultural Extension Programs (Home Economics Extension Service) offer materials, workshops, and consultants on a variety of subjects for parents and children.

(4) Universities, Colleges, and Community Colleges may have training available that you might use. They may have programs in child care, home and family life, or early childhood education, and may allow their students to volunteer time in your program.

Education departments, schools of social work, schools of home economics, and schools of medicine and nursing can:

- place students in your program to assist and to gain experience;
- help identify and evaluate children with special problems;
- attempt to assist staff members in obtaining training and/or college credits.

Teachers and students can:

- visit homes and work with special children;
- provide students to assist several hours a week;
- provide adult classes in child care and education.

(5) State Departments of Education offer:

- adult basic education courses;
- funds for training or for supportive services for children with special needs;
- counseling and testing for employment;
- consultation in the areas of education.

(6) Community Services--Police, Fire Health--offer:

- consultants for safety education;
- services designed to meet local community needs;
- opportunities for field trips for children.

(7) YMCA and YWCA organizations offer:

- a variety of recreational facilities and educational activities for children and adults.

(8) Free and Inexpensive Resources, that your community can give, can be used by the children and families instead of purchased supplies. Often it's well worth your time to contact your local resources for free materials. You won't be successful in every case, but it's worth trying.

- Local newspapers may be able to provide "end-rolls"--the ends from their printing. These contain enough newsprint for the children to use for an entire year.

- --Take a large cardboard box with your name and phone number on it to your local printer. Ask him to fill the box with the scraps he would ordinarily be throwing out. Ask him to please call the number on it when the box is filled, and you can pick it up. This paper will be all sizes, shapes, textures, and colors.
- --Computer centers at universities or other places will save scrap computer paper for you, and also data cards for the children to draw on.
- --Grocery stores, packing companies, liquor stores, shoe stores, and drug stores will give you all sizes and types of boxes and containers.
- --Lumber yards, even hardware stores or cabinet makers, will give you scraps of wood for the children to build with or use as blocks.

c. National Resources for the Education Component

(1) American Association of Elementary-Kindergarten-Nursery Educators (EKNE), 1201 16th Street, N.W., Washington, D.C. 20036. This association deals with all the organizations involved in early childhood on national and regional levels. A list of publications, tapes, films, membership information, and a calendar of activities is available by writing EKNE.

(2) Association for Childhood Education International (ACEI), 3615 Wisconsin Avenue, N.W., Washington, D.C. ACEI is an educational organization of 450 branches in the U.S. and other countries concerned with the education of children 0 to 14. It maintains a library service open to the public and also displays play materials for children. Membership is $12.00 yearly with a subscription to the journal Childhood Education. Bulletins, portfolios, position papers, and books on early childhood education are available from the Association. Publications available include:

- --"Bibliography of Books for Children"
- --"Bits and Pieces" (uses for miscellaneous things)
- --"Children and T.V."
- --"Good and Inexpensive Books for Children"
- --"A Lap to Sit On--and Much More" (day care aids)
- --"Parenting"
- --"Playscapes"

(3) Black Child Development Institute, 1028 Connecticut Avenue, N.W., Suite 514, Washington, D.C. 20036. This institute, which focuses on black child development programs, has as its main concern rendering technical assistance to predominantly black day care centers. Available publications include The Black Child Development Dispatch (monthly, free).

(4) Child Study Association of America, 9 East 89th Street, New York, New York 10010. This is a pioneer agency in parent education which for over 80 years has served to strengthen family living through parent group education and counseling programs by training professionals and community aides, and through its research and publications.

(5) Child Welfare League of America, 44 East 23rd Street, New York New York 10010. This organization is involved in all aspects of child welfare--day care service, adoption, and foster family care. Child Welfare, the monthly periodical, is a professional journal concerned with the welfare of children--yearly, $6.00; 3 years, $15.00; individual issues, $.75.

(6) Day Care and Child Development Council of America, Inc., 1401 K Street, N.W., Washington, D.C. The goal of this Council is to promote the development of a locally controlled, publicly supported, universally available child care system through public education, social action, and assistance to local committees, the child, the family, and the community. Annual dues for individuals are $10.00; for families, $15.00; for agencies, $25.00. Publications include:

--Voice for Children, published monthly;
--Action for Children, published six times a year;
--Council Bulletin, a "hot line" news bulletin printed as needed to give timely information on important and newsworthy items.

The Council also has a Publications Delivery Service which publishes and distributes at little or no cost pamphlets, brochures, and articles on program development, legislative matters, early childhood education and training, and other vital matters. A listing of these materials is available from the Council.

(7) National Association for the Education of Young Children, 1834 Connecticut Avenue, N.W., Washington, D.C. 20009. This organization maintains a membership of 150 affiliate groups totaling approximately 21,000 members across the country which are involved in day care, teacher training, etc. NAEYC publishes Young Children as well as numerous pamphlets and other materials.

(8) National Association for Retarded Children, 1522 K Street, N.W., Washington, D.C. 20005. NARC is an association composed of parents, professional workers, and volunteers concerned with mental retardation. It attempts to bring to the public's attention the programs, services, and benefits available for mentally retarded children from the government.

(9) National Education Association, 1201 16th Street, N.W., Washington, D.C. 20036. This professional organization of educators offers a variety of useful publications.

The following agencies have numerous publications and resources available for children, parents, and the community. A post card, requesting free or inexpensive materials, or a catalog of publications, addressed to these agencies, will yield valuable resources for home-based programs.

(10) U.S. National Committee for Early Childhood Education (an affiliate of the World Organization for Early Childhood Education, Paris, France), 81 Irving Place, New York, New York 10003.

(11) U.S. Department of Health, Education and Welfare, Office of Child Development, P.O. Box 1182, Washington, D.C. 20013.

(12) U.S. Department of Health, Education, and Welfare, Children's Bureau--Office of Child Development, P.O. Box 1182, Washington, D.C. 20013.

(13) U.S. Department of Health, Education, and Welfare lists of publications, Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402.

(14) Home Start, Office of Child Development, Department of Health, Education, and Welfare, P.O. Box 1182, Washington, D.C. 20013, has several publications that are useful to home-based programs, including:

--Bibliography: Home-Based Child Development Program Resources;
--The Home Start Demonstration Program: An Overview.

(15) Children Today, a magazine concerned with children and families, is published by U.S. Department of Health, Education, and Welfare, Children's Bureau, Office of Child Development, and is available from Superintendent of Documents, Government Printing Office, Washington, D.C. 20402.

2. Health

The health component should include a full range of services, covering the physical and mental health, dental health, nutrition, and safety aspects of family health. Prevention of course needs to be stressed for each aspect. This is one of the most important contributions home visitors can make. By sharing health information with parents, educating the parents on all aspects of family health maintenance, the family becomes more self-sufficient in staying healthy. As appropriate, each example goal listed below applies to the full range of health needs.

a. Examples of Health Component Goals

--To ensure that children have the benefit of regular, comprehensive health examinations including physical, mental, and dental.
--To identify the special health problems of children and their families, and to help them to obtain needed services.
--To provide information, advice, and assistance to families as necessary to have all the children and other members of the family protected by needed immunizations.
--To support and reinforce the families' desires and interests in following through in regard to continuing treatments and services needed.
--To introduce the families to community health resources and services, such as those available through the public health services, Medicaid, and others.
--To stimulate and motivate community health resources to be more responsive to the special needs of children and their parents.
--To provide health education, through materials and discussions, for the benefit of all members of the families being served.
--To assess with parents the nutritional needs of each family member, and provide advice, information, referrals, and assistance as needed to meet better the nutritional needs of the family.
--To help the parents identify any unsafe or unsanitary conditions existing in their homes or activities that may be posing a threat to the health and well-being of the family.

b. Local and State Resources for the Health Component

(1) Special Clinics and Clinicians

Pediatric clinics, public health, maternal and child health, well baby clinics, neighborhood health clinics, as well as local pediatricians, physicians, and public health nurses offer:

--assistance in identifying, evaluating, and diagnosing general health conditions of children and adults;
--referral of a child with special needs to a specialist;
--instruction and counseling for staff and parents;
--consultation with a program on health problems of the community or particular families, or in designing activities and a program for preventive health;
--training for staff nurses, visitors, or families.

(2) Mental Health Centers and Child Guidance Clinics offer:

--diagnosis or identification of children with emotional problems;

--therapy or counseling when necessary;
--identification of children with learning disabilities;
--consultation with staff on families with special needs;
--training for the visitors in basic counseling techniques, working with adults, or handling special problems.

(3) Red Cross offers first-aid training, safety courses, plus a variety of services that can promote the health of the community.

(4) Medical Suppliers, Clinics, Drug Stores give tongue depressors and that wonderful styrofoam used in packing to make collages with, to string as a necklace, or just to play with.

c. National Resources for the Health Component

Many national organizations concerned with family life and the education of children offer a wide variety of services and resources available for home-based programs.

(1) Alexander Graham Bell Association for the Deaf, Inc., 1537 35th Street, N.W., Washington, D.C. 20007. This is a private nonprofit organization which works to promote the teaching of speech and lipreading to the deaf with the use of residual hearing. The official journal is The Volta Review (nine issues yearly, $12.50). Numerous books and pamphlets are published as well as a newsletter, Speaking Out, and a magazine, World Traveler. The Association also houses a book lending library for its members and an educational film rental service available to the general public.

(2) American Dietetic Association, 620 N. Michigan Avenue, Chicago, Illinois 60611. This society offers professional nutritionists who might offer assistance with the health component of home-based programs.

(3) American Academy of Pediatrics, 1801 Hinman Avenue, Evanston, Illinois 60204. This professional society of medical doctors engaged in treatment of diseases of children offers consultation for programs and a variety of pamphlets written to help staff and parents promote good health.

(4) American Association for Maternal and Child Health, 116 South Michigan Avenue, Chicago, Illinois 60603. This is an interprofessional organization of diverse groups concerned with maternal and newborn care. This organization offers a bi-monthly newsletter and a magazine entitled American Baby, as well as other materials and assistance on maternal and child health.

(5) American Foundation for the Blind, 15 West 16th Street, New York, New York 10011. This is a private nonprofit agency which serves as a clearinghouse on all pertinent information about blindness and promotes the development of educational, rehabilitation, and social welfare services for the blind and deaf-blind children and adults. Services include publications in print, large type, recorded and braille forms (limited), the manufacture and sale of special aids and appliances for use by blind people, and recording and manufacture of talking books. Publications include: AFM Newsletter (quarterly, free), New Outlook for the Blind (monthly, $6, ink, braille, recorded), and Talking Book Topics (6 times a year, free to blind people).

(6) American Humane Association, Children's Division, 896 Pennsylvania Street, Box 1266, Denver, Colorado 80203. This association of individuals and agencies works to prevent the neglect, abuse, and exploitation of children. It offers publications on over 40 topics, including a compilation of state child abuse laws and a study of legislation as it affects children who are victims of neglect.

(7) American Medical Association, 1776 K Street, N.W., Washington, D.C. 20006. This is a professional association of medical doctors that might offer assistance with the health component of home-based programs.

(8) American Psychological Association, 1200 17th Street, N.W., Washington, D.C. 20036. This is a professional association of psychologists that might offer assistance with the health component of home-based programs.

(9) American Psychiatric Association, 1700 18th Street, N.W., Washington, D.C. 20009. This is a professional society of psychiatrists that may offer help in locating local resources.

(10) American Public Health Association, 1015 18th Street, N.W., Washington, D.C. 20034. This is a professional association of people in health-related fields that has publications and materials available.

3. Social Services

Although the term "social services" may at times encompass only economic assistance (such as welfare benefits and food stamps), as a home-based component, social services includes much more than this narrow application of the term. While home-based programs mainly serve low-income families, some families may have enough earned income so that they are not in need of or not qualified for welfare and related benefits but they may have great need for many other community services and resources.

As indicated previously, the program should be built around an assessment of the individual and special needs of each family, and families should be assisted to become familiar with, and to use, all available social services and community resources that will benefit parents and children alike.

As with education needs, home-based programs provide parents with social and psychological services that the parents need and want for their children. A positive, "preventive" approach is stressed as much as possible so that atmospheres and attitudes conducive to a happy home environment are encouraged. For example, several Home Start programs are providing Parent Effectiveness Training (developed by Dr. Thomas Gordon, President, Effectiveness Training Associates, 110 S. Euclid Avenue, Pasadena, California 91101) as a preventive measure providing positive reinforcement against potential communications breakdowns between parents and children.

Again, every effort is made to identify and use local community services. This means that, whenever possible, the services are obtained by referral and follow-up, with the program's staff furnishing advice, information, and assistance where necessary. Also, social services staff may be helpful in planning conversion to home-based programs because of their contact with the families.

a. Examples of Social Services Component Goals

--to make parents aware of existing social and psychological services--employment, counseling, housing, drug counseling, job training, psychotherapy, diagnostic testing, etc.

--to provide transportation to and from these resources, and to help families work out a long-term system for transportation, if they do not own a car and there is no public means.

- --to provide a much-needed social outlet to families in isolated communities.
- --to help parents identify their own needs and seek services on their own.
- --to enhance parents' understanding of their children's developments.
- --to perform crisis intervention when necessary.

b. Local and State Resources for the Social Services Component

In most communities, there is usually a surprisingly large number of organizations, agencies, and associations which can be directly or indirectly helpful to the staffs and families in any home-based program.

Many Chambers of Commerce of similar community groups publish pamphlets of civic and social organizations, with names of people to contact and telephone numbers. In some counties and states, the Department of Welfare provides this information in booklet form. Copies can be obtained for all staff and families in the program, and instructions given on how to use the booklet.

As indicated in Section B, page 12, in many communities other helpful organizations in the field of child care are the local Community Coordinated Child Care Council (4-C Council) and the local Child Advocacy Program. Other established community organizations, such as the Community Planning Council and Governor's Committees for Child and Youth, may also be useful to provide such services as housing, manpower, or legal services.

Each of the resources given may also be a resource for training. The home-based program might explore the possibility of joint training sessions or ask the agency to conduct training for them.

(1) Community Action Agencies, Social Service Agencies, Community Welfare Councils, Welfare Offices, and Neighborhood Centers offer:

- --financial assistance to families or referral to other sources of financial aid;
- --funds for training, group meetings for children and adults;
- --family counseling services;
- --recreational programs;
- --referral to other resources available in the community;
- --homemakers, visiting nurses, or nutrition aides for families.

(2) Civic Groups, such as Lions Clubs, American Legions, Rotary Clubs, Odd Fellows, Veterans, etc., offer:

- --volunteers for program activities;
- --donation of equipment or help in building equipment;
- --transportation for children and families;
- --glasses or other health aids for children and families;
- --recreational programs and activities for children and adults.

(3) Federally Funded Local Programs, such as Neighborhood Youth Corps and the Work Incentive Program, offer:

- --training and financial assistance to families and staff;
- --student aides or trainees to assist in the program;
- --activities that might include staff, parents, and children.

c. National Resources for the Social Services Component

(1) American Bar Association, 1705 De Sales Street, N.W., Washington,

D.C. 20036. This professional organization of attorneys offers assistance when legal help is required.

(2) AFL/CIO, 815 16th Street, N.W., Washington, D.C. This federation of 119 national unions may have resources on employment or vocational training for families.

(3) Child Welfare League of America, 1145 19th Street, N.W., #618, Washington, D.C. 20036. This is a federation of public and private child care agencies that seek to raise the standards of child care. A variety of excellent publications are available.

(4) National Council of Jewish Women, 1346 Connecticut Avenue, N.W., Washington, D.C. 20036. This organization conducts programs of community services for disadvantaged youth, elderly, and the foreign born. It includes educational and social action programs stressing public measures affecting welfare, civil rights, and civil liberties.

(5) National Welfare Rights Organization, Embassy Building, 1424 16th Street, N.W., Washington, D.C. 20036. This organization is devoted to developing more effective communications among anti-poverty and civil rights groups across the country.

4. Parent Involvement

Parents, representative of those who might be served through the program, should be asked to take part in the initial decision to implement a home-based program, and later in determining the goals and objectives of such a program. As the program develops, home-based program parents will continue in their role as decision makers through participation in the Policy Council. Decisions that parents might help make include program expansion, program budget evaluation, personnel policies and procedures, and program direction.

Another type of involvement parents will naturally have as part of their enrollment in the home-based program is participation in activities that will enable them to become more effective developers of their own children.

a. Examples of Goals for Parent Involvement

- --to improve parents' knowledge and understanding of early childhood education, family planning, and community resources;
- --to stimulate interest and the taking of an active role in planning, implementing, and evaluating the Home Start program;
- --to help parents reach career goals and obtain basic educational skills as needed;
- --to strengthen parents' self-concept through participation in social activities;
- --to work with parents in planning specific time for family activities;
- --to increase the parents' knowledge and appreciation of their cultural heritage.
- --with regard to Head Start programs, to provide opportinities for problem-solving and decision-making concerning program operations, as outlined in OCD Issuance I-30-70.2.

b. Local and State Resources for Parent Involvement

Head Start and Community Action Programs of course already have strong parent involvement components, and are in a position to serve as local resources for other organizations in need of advice or assistance.

c. National Resources for Parent Involvement

(1) Family Service Association of America, 929 L Street, N.W., Washington, D.C. This organization provides casework, family counseling services, and other services to families with parent/child, marital, mental health, and other problems.

(2) National Congress of Parents and Teachers, 1000 Connecticut Avenue, N.W., Washington, D.C. 20036. This organization offers various pamphlets on their program as well as their legislative program.

(3) Parent Effectiveness Training Program, Dr. Thomas Gordon, President, Effectiveness Training Associates, 110 S. Euclid Avenue, Pasadena, California 91101. This program is designed to increase parents' sensitivity and effectiveness and improve their communication skills with their children.

Following decisions as to component services to be included, it is important to plan the ways or methods by which the activities will be carried out. This includes such things as planning for home visits by staff members, arranging for special visits by experts or specialists, field trips, transportation to and from community services, and the use of other methods of providing services.

It is also essential to include, as part of the planning decisions, the extent to which the services and activities will be provided. Examples are the planned number of home visits, the estimated average length of each visit, the number of times experts will probably need to be used, number of field trips planned, and other activities such as the number of days children will be in centers.

d. Recruitment of Families

In addition, planning should include decisions as to who will be served. Head Start programs will need to decide, for example, whether they will serve only presently enrolled families or whether they will include new families. If it is decided that new families will be enrolled, procedures will need to be set up regarding recruitment of these families. In the Home Start program, a variety of methods have been utilized for such recruitment, once it has been determined that families being considered for recruitment meet income eligibility guidelines. Fliers have been sent out to families with their welfare checks, ads have been placed in local newspapers and using local media, referrals have been received from other community agencies, etc. However, most frequently home visitors have found that knocking on doors is the most effective means of recruiting families, since this personal approach allows them to explain the home-based program verbally and answer questions directly that prospective families may have. It should be noted, however, that visitors require training prior to recruiting. It has been found that role-playing is a particularly effective method for training home visitors regarding recruitment of families. (See Chapter 6 for a more detailed description of various training techniques.)

CHAPTER THREE -- ADMINISTRATIVE PLANNING

Once it has been decided to create and operate home-based services, and such matters as goals, objectives, and component services are settled, there are other important steps that must be taken before the first home is visited. For example, necessary funding must be obtained or set aside. A budget should be prepared in detail, based on a staffing pattern. Arrangements should be made for required materials and support services. The program will need to be announced to the community and local resources further explored and tapped. Facilities may have to be obtained. Staff has to be recruited and hired, and a training program must be designed and conducted for the staff.

A. STAFF PATTERNS/ROLES

One of the most important needs facing those who are considering home-based programs, particularly where there is to be a shift from a center-based operation, is to develop an acceptable staffing pattern. A number of factors must be considered in this area. The first is whether the program should attempt to keep all existing staff and change their functions to relate to a home-based effort. If this is the case, then the staffing pattern will depend upon the competencies and potential of each staff member and how they can be applied to a home-based program. In this case the program itself may to some extent be based on, or at least affected by, the existing competencies of the staff. For example, if the Head Start program has a social services coordinator but not a health coordinator, the home-based program might be designed to include a full-time social services coordinator and the matter of health coordination might be dealt with in a number of other ways, such as by use of a volunteer qualified in the health field, or by obtaining the advisory services of key health person who serves in an official capacity with the local health department.*

The second type of decision involves designing the program in such a way that staff positions are determined solely by the program needs. In this instance, existing staff may or may not fit all the needs of the new program, although with good training this should only rarely be true. The home-based program may be able to use all the existing staff, but because of other needs, it may be that they will not all be available or interested, and it will be necessary to hire some staff from the outside.

Ideally, however, all the new positions will be able to be filled from the existing center-based program, where a whole or partial conversion is involved. There may be some staff members who, for reasons of their own or because of lack of necessary interest, will not want to function in the home-based setting. In these instances, every effort should certainly be made to transfer these persons to other Head Start or child development programs which may have vacancies. Where this cannot be done, it may of course be necessary to terminate such individuals.

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*It should be noted that Head Start programs incorporating home-based components must adhere to Head Start Performance Standards which require that there be a local Health Services Advisory Committee. (See OCD Notice N-30-364-1.)

There is no uniform or regular staffing pattern for home-based programs; however, the following types of staff are included in most programs. The selection of which ones to include depends upon the program needs, size of operation, and the financial situation.

--Director
--Assistant Director/Child Development Specialist
--Family Education Specialist/Coordinator
--Training Coordinator
--Nutrition Coordinator/Specialist
--Health Coordinator
--Supervisor for Home Visitors
--Social Services Coordinator
--Home Visitors

Additional specialists who are also included in some home-based programs include:

--Speech Pathologist
--Reading Specialist
--Psychologist
--Nurse
--Social Worker/Psychiatric Social Worker
--Parent Coordinator

Programs which are in the process of developing a home-based component to operate in conjunction with a center program can often use the same staff for both programs, and have the services on different days. For example, the staff may run the center two days per week and make home visits on the other three days.

Another possibility is to have two separate staffs, both part-time. The home visitors would then work only two or three days and the center staff would work the other two or three days.

Programs in the process of converting from a center-based to a totally home-based effort will have several other factors to consider in their staffing pattern. The first is how many families they expect to serve. Will they serve only those now in the program or will they be adding others? If no new families are added, then they may find that they have more staff than they need for making visits unless they reduce the number of families per visitor. For example, center staffs (including directors, teachers, aides, cooks, drivers, and all others) are generally based on a ratio of 5 to 10 children or less per staff member while home-based programs may be able to serve as many as 8 to 15 families and up to 20 children per staff member.

In developing a home-based program as a new component there is a great variety of staffing patterns possible. The following staffing pattern is the one designed by the ARVAC, Incorporated, Home Start demonstration program:

Home Start Director
Child Development Specialist/Assistant Director
Family Education Specialist
Speech Pathologist
Nutrition Specialist
Medical Specialist
Supervisor for Home Visitors (2)
Home Visitors (8)

Some sample position descriptions are included in Appendix (A). These are for positions in a combination center and home-based Head Start program and of course would need to be modified to reflect any specific situation and/or to be suitable for a program that is to be completely home-based.

B. SUPERVISION

Perhaps the single most important role in the development of a home-based program is the role of supervision. No other factor is as critical, particularly at the beginning stages of operation, as the availability and quality of supervision for home visitors and staff. It is important to remember that for most home visitors this will be a new role for which they may have had little training or experience in comparison to other roles they may have had. In addition, they will be dealing with entire families and all of the complexities which this involves, not just children in a center away from the home. For these reasons, it is vitally important that they have as much support and reinforcement as possible in the form of supervision.

One of the most important aspects of supervision is that it must be clear who is responsible for the supervision. Home visitors should generally have only one person to whom they are responsible for assignments and direction. This does not mean that they do not get help or advice from others, but it does mean that it must be clear to whom they are to report and to whom they can go with their problems and requests. Confusion on this matter most often occurs among the various specialists and coordinators and the supervisor.

The extent of supervision will, of course, depend to some degree upon the background and experience of the visitors and staff. Home Start programs during the first demonstration year found that there was a great deal of variation in the need for supervision. Initially, home visitors and staff felt that at least one day per week together was necessary. As the programs progressed, however, most went to one afternoon or morning per week, or one day every two weeks for staff meetings in which problem solving and training were the principal purposes. This refers to group sessions, and not to individual discussions with supervisors and specialists, which should, of course, occur as frequently as may be needed, according to the individual's experience and abilities.

While it is possible to plan for formal supervision sessions it is critical, expecially at the beginning of the program, that home visitors have at least one professional staff member, preferably their own supervisor, available to them at all times. This is not because the problems which might arise are so critical, but the immediate reinforcement for home visitors can be invaluable in the development of their ability to deal with crises.

Most home-based programs have found that effective supervision calls for a ratio of approximately one supervisor per four to six home visitors. The actual ratio depends upon how many families the home visitor has, and does not include the assistance of education, nutrition, or health coordinators, who are also vital to the supervision role.

Effective supervision of the program obviously cannot be accomplished in the office. A significant part of the time of the program director who provides management supervision and the specialists, coordinators, and others who furnish technical guidance, must be devoted to working with the home visitors, out on the job, as well as in the headquarters. It should also be stressed that proper supervision requires extensive preparation on the part of the supervisor, including familiarity with the capabilities, needs, and strengths and weaknesses of each staff member as well as continuing familiarity with particular situations that each staff member must deal with.

This provides the critically important opportunities to see the needs of additional training of the visitors, to evaluate how effective their training has been, and to gain a realistic appraisal of any difficulties or complaints being brought up by the visitors. On-the-job supervision also helps bring to light any situations or problems affecting the performance, accomplishments or morale of the visitors. It has also been found to be helpful for all concerned with the director, specialist, and others on the staff, talk occasionally with each family, without the visitor present, so that the parents feel free to express any concerns or criticisms that may involve the attitudes or work of a visitor who perhaps is not being very effective in the eyes of the family.

Usually, however, the families are positive in their reactions to the visitors, and will praise and compliment them freely and sincerely.

In any event, these solo visits by the director and/or specialists often result in the development of extremely valuable insights that form a sound basis for improving training and for performance discussions with the visitors, in which their achievements and accomplishments can be reviewed as well as any things which they might learn to do better.

C. ADMINISTRATIVE RESPONSIBILITY

One important aspect of administration, particularly where there may be a transfer of program focus from center- to home-based, is the clarity of roles and relationships between the grantee, the delegate agency, and the program. Clear lines of authority for specific functions should be determined before the program begins. It must be clear who is responsible for administrative decisions, budget, policy, staff hiring, and other functions. It must be clear when the grantee agency or the delegate agency should intervene in a problem. These lines and functions, drawn up at the initial planning sessions, will undoubtedly need to be reassessed during the first months of program operations.

D. THE BUDGET

1. Salaries. Salaries vary greatly for Home Start visitors, depending on whether rural or urban, and what the cost of living and average wages for other jobs are. However, they should be in line with other comparable positions in the community.

It is important to remember that home visitors, like all employees, need the encouragement of being able to receive a pay raise periodically, signifying that they have done good work. Appropriate raises should be budgeted for, not only for visitors but for all staff. And don't forget to allow an adequate amount for fringe benefits.

Starting salaries for home visitors need not all be the same. They may vary in accordance with experience, background, education, etc., but obviously there must be good and clear reasons for whatever salary differences are decided upon. This should be based upon a good career development plan, if at all possible.

2. Insurance. One of the most difficult items in the home-based program budget to deal with is the need for insurance. The situation is somewhat complicated when home visitors use their own cars for transportation of families since they may have to secure additional insurance for the use of the car for business purposes. In addition, there is a need for some liability insurance for the visitor in the home as well as for any other staff going into the home. This is important to protect the program against law suits that might arise from any staff member's actions or activities. Similarly, Workman's Compensation insurance is important to protect employees who may be injured in the line of duty, and to limit the program's liabilities in such cases.

In some cases, group or joint policies with other agencies, such as Head Start programs, etc., have proved effective. Other programs have worked with independent insurance brokers, who can advise programs on the type(s) of insurance they need, the types available, and sometimes quote lower rates than national companies.

3. Transportation. In the home-based program there will be a considerable increase in the budget for transportation for the home visitors' cars as well as travel for families who are unable to get to necessary services. However, one significant problem which home-based programs have faced is the unanticipated wear-and-tear on the home visitors' cars. There were considerable increases in the cost of upkeep in cars which was unanticipated by either the staff or the home visitors. In one program this was overcome by having the program purchase several four-wheel-drive vehicles. This was necessitated by the fact that many areas in which the homes were located were normally impossible for regular cars.

Staff training is of course extremely important to the success of the program, particularly in the early months of implementation and operation. Adequate funds should be budgeted for such costs as travel, and if necessary per diem, to cover visits to other home-based programs, attendance at regional and national conferences, the cost of travel for consultants to be brought in to help with the program, and so forth.

4. Facilities, Equipment, Materials. Since the families and children in the home-based programs are scattered and not brought to one location there may be a need to purchase some equipment in larger amounts than is usual, such as audiovisual equipment. If such equipment is to be used as part of the in-house activities, consideration should be given to purchase, lease, and rental arrangements or cooperative arrangements with other programs.

In selecting equipment, programs should also take into consideration the extent to which it will be moved around, as well as the fact that it must be light enough to carry.

One excellent, inexpensive source for children's toys, furniture, or other supplies is the local thrift shop. And remember--many items in these categories would be willingly donated by businesses and individuals, so "scout around" in your community, too.

PART I: PLANNING AND ADMINISTRATION

CHAPTER FOUR -- INFORMING THE COMMUNITY

An aspect of critical importance in preparing to implement a new home-based program is that of informing the community, in advance, all about the services that are to be provided. The staff, the Policy Council or any policy-making group concerned, and at least some parents in the area will already know a considerable amount about the impending program through their participation in the planning and initial decision-making.

A. ORGANIZING A CAMPAIGN

An effective campaign should be organized and carried out for informing the community in general, and target population parents in particular, about the program's purpose, goals, and objectives, and what can be expected of it.

The overall content and design of this campaign should be based on both the expectations as expressed in the needs assessment survey, and the goals and objectives of the home-based program.

During the needs assessment phase, there will be many comments from community members, parents, and others, as to how they view the program, what they think it can and cannot do, and whether they think it will be successful. In planning for the orientation, it is usually advantageous to be sure that the planners are fully aware of these expectations and limitations as described by the staff, parents, and community, and that these are considered in the presentations of the program.

There are a number of ways in which the community and parents can be informed about a new home-based program. Some of the most successful methods are: newspapers, slide and video-tape presentations, presentations by parents in similar programs, television, radio, and through other agencies.

1. Media. Television, newspaper and radio coverage of the program can be done either through straight advertising in which you prepare a press release, or you may be able to convince a local station or paper to do a news report or series on your program.

2. Slide and video-tape presentations. Some slides and tapes on home-based programs may be available from Home Start programs. See Appendix (D). The national Home Start sound/slide show is available on loan from your OCD Regional office [see Appendix (F)] or for purchase from the distributor [see Appendix (D-2)].

3. Presentations by Parents and Staff. If there are parents in your community who have participated in similar home-based programs, they can often be the most successful salesmen for a new program. They can be invited to sit on a panel with other parents or child development specialists or to conduct practical question-and-answer sessions. In addition, staff from other home-based programs can be very effective in orientation sessions with parents,

staff, or community.

In some instances, a popular staff member in the existing Head Start or other program can be the most effective spokesman for a new activity. Parents and others may be more willing to accept or at least try something when they know that a person they trust and respect is supporting it.

B. SPECIAL CONCERNS OF PARENTS AND OTHERS

While it would be impossible to list all of the factors which enter into the acceptance or rejection of a home-based program, the following areas are sometimes of concern to parents and others. These are particularly important where there may be a change planned from a center- to a home-based program.

Some parents and community members may feel that:

--having a visitor in the home is an invasion of privacy;
--group experiences for children are considered more valuable;
--mothers or other adult(s) in the home have no time to spend with someone in the home;
--there are too many official "visitors" already;
--mothers have other children who need attention too;
--mothers and families have their "own way of doing things;"
--the visitor is part of the welfare department and will report on the family.

While many of these concerns are not based on fact, they often are the primary reasons for the lack of acceptance of home-based programs and they must be considered in the orientation phase of the program planning.

Where there is a change from a center- to a home-based program planned, the orientation must also include a clear balance of the two programs. It must present all of the losses as well as the gains that can be expected by the change. It may turn out that center-based programs are best for some families, while home-based programs better suit the needs of others.

CHAPTER FIVE -- RECRUITING AND SELECTING HOME VISITORS

A. RECRUITMENT

It is, of course, important to ensure that recruitment for all positions is orderly and thorough. All positions which need to be filled through hiring, particularly home visitor positions, should be widely announced to residents of the areas being served, so that all who are interested have an opportunity to apply and be considered. Present employees, board or committee members, and parents represent good recruitment sources. Other sources which can be tapped include the local public employment service and directors of other local anti-poverty programs.

Generally when the home visitor jobs are to be filled by recruitment and hiring, each job opening should be announced on a mimeographed or printed sheet, suitable for distribution and posting. Bulletin boards in such public buildings as grocery and drug stores in the area being served and in local Head Start facilities are ideal places to inform the community of openings. Ads in local newspapers also represent good recruitment opportunities.

There are at least four important items of information which ought to be carried in such announcements:

1. Explanation of the Program. Some individuals in every community undoubtedly will not clearly and accurately understand what home-based child development services are all about. To help clarify the nature of the program to people reading the announcement, particularly those interested in applying for the position, the announcement should begin with a brief summary of the program.

2. Non-Discrimination Policy. Announcements should include a statement that these are Equal Opportunity Employers.

3. Nature of the Work, Qualifications Desired, Compensation, and Opportunities. A brief job description, statement of qualifications desired, salary or salary range offered, and a brief indication of training and career development opportunities should be part of the announcement.

4. Where, When, and How to Apply. Announcements should include the name, address, and telephone number of the place to apply, and the date by which applications must be received to be considered. It is usually a good idea to suggest that interested individuals call for an appointment. This helps prevent an uncontrollable flood of applicant traffic. It also makes it possible to do some screening by telephone, thus saving obviously unsuited individuals the time and expense of a trip to be interviewed.

B. SELECTION

1. Utilization of Nonprofessionals. While people with professional training

in health, education, and social services may be needed for some staff positions, parents and others without such training can be utilized with great effectiveness as home visitors, and should be given serious consideration for the positions.

2. Need for Employment. The best interests of all the children enrolled in the program and their families should be placed ahead of the need of a specific individual for employment. The "ideal" candidate will need the job to help support a family, but will also be a person who is highly responsive to the needs of the children and families involved in the program, and who has good potential for training and development.

3. Area Residence. When possible, positions of home visitors should be filled by residents of the low-income area being served by the program. In instances where this is not feasible, however, it may be necessary to widen the area of consideration, for example, to take in nearby neighborhoods, or the entire community.

4. Parents Who Have Raised Children. Parents who have successfully reared children should be given serious consideration for home visitor positions, though this should not be to the exclusion of all others. Do not consider people who are generally regarded in their own neighborhoods as irresponsible or ineffective with regard to their own children.

5. Health. All individuals who are to work directly with the children should be screened for communicable diseases and must comply with Head Start Health Performance Standards. This means that they should agree before being hired that they will furnish a statement from a physician that they are free of any such conditions.

6. Personal Qualities

There is still much to be learned about selecting persons who, with good training, will be able to cope most effectively with all of the situations they will meet as home visitors. In general, the emphasis in hiring in the Home Start program has been on friendly attitudes, suitability of culture and language backgrounds to those they will serve, and successful experiences as parents, rather than on academic background or degrees.

Thus, home visitors are usually selected because of exceptional personal qualities which they have shown in their past work, the reputation they have established in the community, and the impressions that they make in the hiring interviews.

Some of the personal qualities that have been found by home-based programs to relate particularly well to the success of home visitors include:

"Personality." Many different types of people with widely different personalities have been highly successful as home visitors. For example, some outstanding home visitors are talkative, energetic persons. They have many valuable characteristics -- such as eagerness, energy, and enthusiasm. At the same time, there are many highly successful home visitors who are quiet, dignified, low-key people. They impart a serenity and a sense of security that children and the families find very important. Which is the "best" personality? None is best, but a balance is good, including the ability to adapt one's personality to meet varying needs.

Relating Effectively with Many Different People. It has been found that successful visitors understand and relate easily and effectively to many different people and many types of behavior. They tend to be outgoing people and listen well and communicate readily with almost everyone.

Maturity. Visitors need some maturity to have learned that there is no single right or wrong way to approach all the situations they will face. They benefit from the confidence that comes with experience. Maturity helps one see the many possibilities for "multiplying yourself" -- getting other people to do things (older siblings, grandparents), and getting the entire family involved in the program, rather than trying personally to do most of the job. It is a particularly important quality in helping home visitors with the mother, showing her in turn how to work with her children.

Sensitivity. A person who is sensitive to the actions and reactions of others, who can sensitively and objectively see the strengths of the individual families, who listens well and sympathetically, and who changes strategies easily when subtle signals indicate resistance or non-acceptance, usually becomes a successful home visitor.

Flexibility. Home-based programs are generally quite new. Home visitor positions are new to almost everyone, and these positions may evolve into something different as time goes by. There is a great deal new to be learned. Methods used one day may not be appropriate the next. Home visitors need a certain amount of flexibility to meet the needs of an experimental program, as well as the changing needs of families and communities.

They will also need to be flexible when visiting families. If the mother is washing her hair, cooking supper, or caring for the baby, visitors must be able to change their plans, and be ready to make their approach fit the agenda of the family. Not everyone is able to manage a job that calls for changing behavior and modifying plans frequently, and still enjoy the work.

Empathy. Visitors need constantly to listen attentively to and respond sympathetically to parents and children. As a home visitor, it is an advantage to be able readily to see the other person's point of view, and to want to work out solutions that are not only the "right" solutions, but also ones that are particularly acceptable to each family. To do this, it is important to be able to see things from the other person's situation and background.

Motivation. An eager interest in the job of home visitor and the motivation to work hard and long hours, have been identified as important considerations in the selection process. A person who is anxious to learn, able to change, and committed to learning and developing new skills will be easy to train in the new skills that will be needed.

Cultural Background. Whatever the culture and background of the families to be served, home visitors must be able to win their confidence quickly, and to be accepted and trusted. Being a resident of the community helps facilitate the job of the home visitors for they may already know the families, and understand the values and attitudes of the community.

Many of the most successful home visitors identify readily with the cultural and social preferences and interests of the families being served. Individuals who are "foreign" to the local families because of economic status, or some other reason, can be handicapped in getting close to and winning the confidence of the low-income families of the community, whereas, a respected long-time resident of the community will have established rapport with many of the families living there. Such a person will understand the community and be able to communicate in the manner and at the level of those living there, and complement the qualifications of other staff members.

7. Other Considerations

Other considerations that reflect field experience, and that have been shown to be important in selecting people capable of becoming outstanding home visitors include:

Language Facility. The ability to converse with the families in their own language is important. This may mean in some cases that home visitors will have to be bilingual.

Availability to Work Some Evenings and Weekends. When families depend on visitors for guidance, friendship, and support, visitors must be readily available to respond. This means that home visitors may need to make some visits or attend meetings on weekends, or during the evening hours when both mother and father are available. Home visitors must be free enough so they can respond to the families' needs as they arise.

Sex of Visitor. Most often the home visitor will be a woman, one who has been a mother, who possesses the skills of a mothering person. And often the cultural backgrounds of the families served indicate that home visitors should be women. Some of the families served, in certain areas of the country, feel that a man's place is in the working world, out of the home, and that the woman's place is at home, caring for the children. Home-based programs must be sensitive to these cultural biases, when they occur.

On the other hand, men can be very successful home visitors. Both boys and girls need to identify with a male, and having at least one male home visitor can help when the children have no father figure. Also, some fathers may relate more readily to a man than a woman.

Age/Health/Energy. Since home visitors need maturity and should have had successful experience of their own in child rearing, very young people are not usually selected, although there have been some exceptions, and a few in their early twenties, for example, have performed very well. However, the average age of most home visitors is around 30, or slightly older. Regardless of their age, they need to possess eagerness to learn, lots of energy, and must be in good health.

Traveling almost constantly and working with a variety of children and adults, who often have serious problems, is both physically and emotionally draining. Prospective home visitors should realize that the position will be mentally and physically demanding.

Education. Home visitors should not be required to possess any particular amount of formal schooling, because, for example, a tenth grade education is not a meaningful standard. Its meaning depends on which school the individual attended, how many years ago, and how well she or he did in school. Furthermore, such requirements automatically eliminate many fine people who will perform very well if trained. The ability to read well is, of course, important. However, if an individual has shown exceptional aptitude in working creatively with children and their families, he should not be excluded solely for poor reading ability. If an otherwise outstanding home visitor candidate's reading skills are weak, an improvement program can be made part of the career development plan for that individual. However, home visitors should have easy access to an educated supervisor or other key staff member to assist them with curriculum planning, finding and using resources, etc.

Driving a Car. In most areas, transportation is a problem. Families seldom live within walking distance and home visitors will generally be carrying equipment and materials which would be too cumbersome and difficult to handle either on foot or on public transportation. In addition, relying on public transportation schedules make planning for even routine home visit schedules almost impossible. For these reasons, it is essential that home visitors have or be able to obtain a driver's license, and that they have regular access to a car that is in good working order.

Discretion. Home visitors need to keep priviledged information confidential, particularly when they're dealing with their neighbors. (For further discussion, see page 62.)

PART II: PROGRAM OPERATIONS

CHAPTER SIX -- TRAINING

A. PLANNING

In order to be relevant, training must relate directly or indirectly to fulfillment of the program's goals and objectives. Accordingly, prior to training, programs need to identify immediate and long-range goals and objectives for the total program, as well as for each of the program components. Once these have been developed, the program can identify the knowledge and skills, and, therefore, the training that their staff members need in order to help meet these goals and objectives.

Those responsible for providing professional support in each component area should be involved in identifying training needs, and in conducting training in their areas of specialization. For example, if the nurse will be responsible for conducting health checkups, keeping health records, and disseminating health information, then training for the home visitors would be more relevant if it covered how to refer families to the nurse, rather than how to keep health records.

1. Appointing a Coordinator

In addition to the need for group training of staff members when a new program is first initiated, it is very important to pay a lot of attention to continuous training, and to the total training needs of individuals who are hired after the initial group training is over or perhaps after much continuing group training for the staff has already been done. This means that as the program progresses, a lot of training will need to be individualized.

In order for a home-based program to achieve both group and individual training that is well-organized and effective, it is usually helpful to designate one person to be the training coordinator. This individual should have responsibility for doing much of the work of designing, developing, and implementing all sequential training activities. Coordinators, of course, are involved with others in planning the training, and then draw upon people with special skills to help decide the emphasis to be placed upon different areas of content, the length of training, the choice of staff and methods of training, and assist in conducting training.

Examples of tasks a training coordinator can perform include:

--help the staff to define the purpose of the training;
--encourage a creative training atmosphere through consulting with and working with the entire staff;
--bring problems into focus for the home visitors and staff;
--facilitate both the initial (pre-service) and continuous (in-service) training program;
--provide for group evaluation of the training;

--schedule and arrange individualized training sessions and experiences as well as on-the-job training and coaching for individuals who were hired later and missed all or most of the initial group training programs and sessions.

2. Factors to be Considered in Designing the Home Visitor Training Program

There are a number of factors that can affect the content of both initial and continuing training of visitors. In fact, the experience of home-based programs has shown that it is of considerable importance in planning training to:

- --analyze the goals and objectives established for the home-based program;
- --from this analysis, determine what tasks will need to be performed to meet the goals and objectives;
- --decide who will be responsible for each task;
- --make training content decisions on specific tasks and responsibilities of the home visitors, as well as -- what should go into the sessions -- what workshops to plan -- who will participate in the training -- and how long the training will be, on the basis of early experiences, problems, and successes of the home visitors;
- --poll home visitors, supervisors, parents, and the total staff to determine their perceived needs;
- --evaluate the performance of home visitors, which will reveal training needs;
- --consult experts in child development, human relations, nutrition, etc., who can also be of value in identifying realistic training needs for the program. Special consideration should be given to training staff members in working with handicapped children.*

In summary, home-based programs have found that an excellent way to cross-check their training plans is to break each job down into a list of all its component parts, listing all the functions, responsibilities, and tasks that are involved. Then, by identifying all the knowledge and skills needed for the successful performance of each component part, a comprehensive check list can be derived that will show what subjects and topics to include in planning the training content.

3. Planning for Individual Needs

When a comprehensive list of the knowledge and skills needed by home visitors is completed, the entry qualifications of all trainees can be compared to the lists that relate to their functions. No two people will enter the program with the same training needs. Therefore, depending on the skills each person needs to become an effective home visitor, individual training plans (in addition to group training) can also be designed.

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*For more information, contact Linda A. Randolph, M.D., Director of Health Services, Program Development and Innovation Division, Office of Child Development, P.O. Box 1182, Washington, D.C. 20013; or your OCD Regional Health Liaison Specialist [see Appendix (F) for Regional addresses].

For this purpose, when new people enter the program, it is useful to have them complete an inventory of their background, including details of previous experiences in working with children and adults as well as participation in other training activities. With this record, an assessment of the training needs, the specific skills and strengths of each individual, as well as the total staff can better be developed. A training record can then be set up for each staff member and updated from time to time. See Appendix (B) for a suggested training record form.

4. Career Development Plans

Home-based programs usually provide career development opportunities for their staff. That is, part of their training should prepare visitors to move up to higher paying, more responsible positions. Training can often be arranged that will include "credit" courses that lead to the obtainment of academic credentials, provided that such courses clearly increase the competence or the ability of the individual to perform better home visitor functions. In some cases, credit can be arranged for in-service seminars, workshops, etc., conducted by the program itself. Many Head Start programs take advantage of Head Start Supplementary Training activities. However, all such training should directly develop competencies in home visitors that will allow them not only to increase their efficiency and effectiveness in their present position, but perhaps also to become qualified for advancement and employment with other organizations in the same or related fields.

For example, the Child Development Associate (CDA) program,* a pilot project developed by the Office of Child Development, DHEW, in response to the need to increase the supply of trained staff members for early childhood programs, may offer home visitors opportunities for career development. The Office of Child Development has developed a set of CDA "competencies" to be used for training and assessing Child Development Associates. Rather than issuing a degree, a CDA credential will be awarded. The CDA credential, which will stand for competence and will be nationally negotiable, can be earned by paraprofessionals and others who demonstrate competence in working with preschool children. When CDA becomes an operational program, home-based programs may want to examine CDA with regard to career development opportunities for home visitors.

B. PRE-SERVICE ORIENTATION AND TRAINING

1. Pre-employment Information

Even before a person officially becomes a part of a home-based program, initial training can begin. Specifically, during the employment interview detailed information can be provided about the program, through video-tapes, slides, pamphlets, and informal discussion. This information can, for example:

--describe the basic program and its goals and objectives to prospective employees, providing the data necessary to decide whether they want to

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*For more information, contact Dr. Jenny Klein, Child Development Associate Program, Office of Child Development, P.O. Box 1182, Washington, D.C. 20013.

become a part of the home-based program;
- --clarify the nature of the role the individual will assume if hired;
- --provide a familiarity with the agency and its functions, clarifying who the immediate supervisor will be, and some of the rules, regulations, and policies of the agency.

2. Pre-service Orientation/Training

New, inexperienced home visitors obviously will not be fully trained and competent for a long time. At the same time, they need to get out on the job soon, even without complete training. However, with a sound, thorough orientation, and by working at first in the company of their supervisor or a trained, experienced home visitor, they will quickly learn a great deal on the job that cannot as well be learned in any other way. Furthermore, their experiences in actually helping to do the work will not only represent important learning but will strengthen their interest in and appreciation of the in-service training that will be going on for many months. Experienced home visitors continue to benefit from continued training that deepens their knowledge and enhances their skills.

Thus, beginning home visitors cannot learn all they need to know and develop all the skills the job requires by attending initial orientation and training sessions. At the same time, before they attempt to provide home visit services on their own, they should learn important fundamentals. They must have essential beginning information, immediate ideas, and early skills for working with their families even in the beginning. These early skills can often be developed through the role-playing method. (See pp. 47-8.)

In summary, the amount of time spent in pre-service orientation and training activities should be adequate but not excessive. Basically, the function of initial training is to give the visitors and other staff the basic skills, knowledge, and concepts they will need to feel secure and confident as they begin learning their job. This entry training fulfills the visitors' basic needs, enabling them to begin serving families. When initial training is kept simple, short, and practical, it can:

- --help keep new staff members from being overwhelmed with their tasks;
- --allay the fears of new staff, showing them the simplicity of their tasks by structuring the first few visits they will make to a home.

During these activities, visitors can actually plan first visits as well as make or obtain and practice with the materials they will need during their first four weeks or so on the job. These sessions may vary in the amount of time allotted, according to the needs of individual programs. They could be scheduled somewhat as follows:

SESSION 1: Understanding the program and practicing techniques for recruiting families and getting acquainted on first visits.
SESSION 2: Observing and assessing families and their needs.
SESSION 3: Gaining each family's cooperation; establishing trust.
SESSION 4: Beginning developmental activities and support services in each component.

The sessions above are merely an example of scheduling pre-service training; some of these activities can take place simultaneously at times. It is important that pre-service training be neither overly prolonged, nor too short, and this must largely be determined by the staff and directors of individual programs.

Pre-service training also usually includes providing basic training on:

--how to work both easily and effectively with adults and children in their homes;
--how to promote health and safety procedures in the home;
--how to match up community resources and social service agencies with the specific needs of families;
--how to observe, record, and report problems and needs of parents and children.

This kind of approach, while giving visitors a brief introduction to the entire program, also gives them some immediate skills and knowledge so they can begin serving families fairly soon, and with an adequate amount of confidence and competence.

It is always desirable to coordinate pre-service activities with on-the-job training. To do this, each visitor might be given only one family to work with during the first week or so of training, perhaps two families the next week, and so on until each is working with a full quota of families. In this way, the ideas presented during training are tested, discussed, and tried again; also, since the visitors are actually utilizing the training, it is kept more practical, relevant, and immediately useful. Thus, early mistakes are discovered and corrected before they are repeated with other families, and the visitors quickly become more interested in and dedicated to getting good training, both in group sessions and on-the-job.

It has been found that while individuals who have previously worked with groups of children within child development centers already have a great deal of valuable background, they usually require some training that specifically helps to "turn them around;" to re-orient them from working directly with individual children to training and motivating the parents within their homes. (See Chapter Seven for more detailed discussion of adult education concepts within the training component.)

Professional personnel, such as doctors, nurses, social workers, nutritionists, and psychologists, who bring with them a specialized set of knowledge, skills, and abilities need orientation training. They have to gain understanding and knowledge about home-based programs by attending special orientation sessions and staff meetings, and by having individual conferences with the director and other key staff members.

C. IN-SERVICE TRAINING

1. Group Sessions

In-service training refers to the process of continuing, centralized, and on-the-job instruction for the development of the staff. This training naturally changes and evolves as the program, the staff, and the families being served grow, develop, and change. In-service training that is of a continuing nature, rather than only very occasional, better extends and deepens the knowledge and skills introduced during the initial training. It also gives the visitors up-to-date information and regularly reinforces and enriches their understanding of themselves, others, and their positions. Most programs report that a half day a week or a full day every two weeks has proven very satisfactory for continuing training purposes.

Continuing in-service training activities that have been most useful have included:

- --on-the-job supervisory coaching;
- --informal get-togethers, parties, and picnics, at which there are serious discussions as well as fun;
- --refresher courses at places such as a local community college or university;
- --retreats;
- --sequentially planned workshops;
- --Red Cross first aid courses;
- --basic adult education courses;
- --visiting other programs;
- --weekly staff meetings.

a. Occasions for Group Training

There are many different situations and occasions in which staff training can advantageously be conducted on a group basis, some informal and some formal.

(1) Seminars and Workshops

Seminars differ from workshops in that the former are largely discussion sessions, whereas workshops are built around learning-by-doing activities.

Regular and occasional seminars and workshops have been the heart of many home-based staff development programs.

Such training activities have been found to be most useful when they are planned to increase the home visitors' knowledge of the specific program components -- HEALTH, SOCIAL SERVICES, EDUCATION, and PARENT INVOLVEMENT.

Some suggested seminar topics are:

- --How can we involve the fathers more?
- --Where and how can we get more free materials?
- --What is the best way to handle situations where older children are continually being disruptive?
- --Planning for an all-families outing.

Workshops can include such topics as:

- --Observing and assessing children;
- --Role playing the first visit;
- --Making developmental toys from discarded household materials;
- --Interviewing to develop assessment data.

(2) Staff Meetings

Regularly scheduled staff meetings, such as weekly during the first year of a home-based program, and perhaps less often for established programs, have proven to be excellent training opportunities. During staff meetings, the home visitors and administrators have used one another as resources, with gratifying results. Continuing contact with others experiencing the same problems and situations can be a comforting as well as informative and extremely valuable experience.

During such weekly meetings, administrators and specialized staff have highly beneficial opportunities to relate to the home visitors, helping to keep them informed about the progress of others. Program goals and objectives can be reviewed in relation to progress being made, for example, and each staff member can be informed about, and reinforced by, the progress of the total program. A "human support system" seems to develop through weekly staff meetings, which are devoted to a large extent to training in one form or another.

The sharing problem and the exchange of ideas and experiences has a "broadening" effect on the entire staff, and helps to dispel the idea that there is only one right way to gain an important objective.

Some staff meetings have been held with just the home visitors and the component specialists present. This gives the visitors the opportunity to raise issues and discuss problems without restraint. These meetings then are often followed by meetings with the supervisors and the specialists, to present the problems and issues, and make decisions.

(3) Retreats

Some program staffs have found that they gain especially valuable insights into themselves and their program by allowing several days a year to be set aside for a staff "retreat," held somewhere away from the office. Even if a retreat is held in the same city, at someone's home, or another agency's offices, the staff may come to see their program in a new perspective. New feelings of mutual respect and understanding seem to result and everyone usually returns refreshed, ready to do an even better job in the future.

(4) Visiting Other Programs

The Home Start program initiated an innovative and effective in-service training activity by enabling its programs to make one or two visits a year to other home-based programs. On such visits, ideas are shared, insights are gained into problems, and resources are often identified which can be useful time and again. Some programs provide workshops and training sessions that are open to staff from other home-based programs.* Home Start maintains a Directory of Home-Based Programs. For information on any such programs that may be in or near your area, write to Home Start, Office of Child Development, DHEW, Box 1182, Washington, D.C. 20013.

(5) Informal Get-togethers

Eating lunch together as a staff, or meeting informally for a picnic or a weekend get-together, can also be another highly effective occasion for in-service training. The more the staff knows one another and communicates and relates to one another, the more fully the goals of the program have been met. People seem to gain from being free to talk about things, to relieve feelings of pressure and responsibility, and yet often the discussion at such informal gatherings soon centers around the program.

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*See ERIC's Mother-Child Home Learning Programs: An Abstract Bibliography, compiled by N.K. Howard, 1972. Available for 80¢ from: College of Education Curriculum Laboratory, University of Illinois, 1210 W. Springfield Avenue, Urbana, Illinois 61801.

b. Training Methods/Techniques

Training, of course, should not only add knowledge and develop skills. It should also help home visitors feel good about themselves and increase their self-esteem, by filling their basic needs for belonging, achievement, and acceptance.

Visitors have responded enthusiastically to well-planned training sessions, particularly those which involved their active participation. All home visitors naturally want very much to succeed in their work, and they find the security, skills, knowledge, and increased self-esteem through training which helps ensure their success. When techniques and methods are varied and effective, visitors have indicated they are eagerly looking forward to the next training session.

Even though a program director or leader must provide leadership and direction, he or she can foster confidence in the trainees by often sharing this leadership responsibility with them.

The leader may help the group make decisions about training, for example, by:

--informing them of the plans and goals for the session, and giving the group some idea of the format for the day -- "We will break around 10, and get ready to visit Mrs. S. After the visit, we'll return here. What would be valuable to you to do when we return?" And, if the group doesn't have any idea, the leader adds further structure by saying, "We could analyze the video-tape, discuss the visit, or give ideas for future visits to Mrs. S."

The home visitors have often been helpful in planning an agenda, such as by:

--listing all of the things they want to find out about nutrition, or whatever the topic of the training is, or by having the leader ask all of them to volunteer one idea they have about involving fathers, accident prevention, etc.;

--telling what they hope to gain from the training, and what their expectations are for each session;

--selecting the way they would like to obtain certain skills --"Would you like to see a movie or observe a demonstration?" "Would going on a visit with the nurse or discussing her role be more valuable to you?"

Training has been perceived by many home visitors as most valuable when it has been:

--practical, concrete, specific, and tangible. Visitors most want to know about activities and things they can use tomorrow, rather than spending a great deal of time on theories or abstract ideas;

--directly and concretely related to the problems and plans with which the visitors are currently involved;

--immediately applicable, so the visitors are able to try out the training, and return to a similar session to discuss their experiences;

--directed toward helping the visitors better understand themselves, making them aware of both their weaknesses and their strengths.

When the visitors' own abilities, ideas, experiences, and interests, are recognized and acknowledged during training, it becomes more effective. It has also been found helpful to:

- --break the training into small units, with no single session attempting to cover too much. Poor results have been attained when the trainees have been overwhelmed with an avalanche of materials or ideas;
- --allow plenty of time for discussion and questions, and time for a delayed reaction to give the visitors opportunities to think through the training, or try it out, before discussing or questioning;
- --include actual practice of skills and knowledge, or direct observation and demonstrations involving parents and children;
- --allow the visitors, specialists, and supervisory staff to interact with one another, and to receive feedback on how others are reacting to a situation;
- --vary techniques, interspersing discussions, lectures, and group meetings with opportunities for the home visitors to practice and test out their ideas.

(1) Role Playing

Role playing has been found to be an exceptionally successful and popular method for the training of home visitors. It allows learners to become active participants in the training experience, and acts as a bridge between discussion and practical, concrete experience. Through role playing, the visitors seem to gain insights more quickly into areas where they have had the most questions. They see more readily how visitors can actually create increasingly independent families, or how they can assist their families to gain more competencies.

Requiring no equipment, consultant, or outside help, role playing can be utilized from the very beginning of the training program. The staff themselves are the resources, leaders, and trainers.

This method is especially helpful in planning and preparing for the first visit. It helps build confidence and reduces tensions and fears of the first home visit encounter with parents and their children.

(a) Preparing for Role Playing

The visitors and the leader get the most out of role playing when they are comfortable and relaxed enough with one another to participate realistically. Often the leaders will practice at home or with a small group of trainees to get the feel of the technique. The objectives of the role playing are listed and described before beginning. In addition, the leaders usually find it helpful to structure situations in advance for the group. The leader might:

--give cards to each player, naming each as the mother, visitor, father, and briefly identify the role each will play:

Father: Disinterested, expressed view that working with children is "woman's work." When the home visitor asked him to show Clement how he was changing the tire, he told the home visitor to get out.

Home Visitor: Asked the father to show Clement how he was changing the tire, and was told to get out. Wants to try to involve father another way.

--or the leader might just briefly describe the situation to be acted out by saying to the players, "You be the mother, you be the child, and you can be the visitor. Remember, the mother wants her four year old child to learn to read, and is pushing him to recognize the A,B,C's, and the child is feeling pressured and upset."

--Another possibility is to act out the kinds of child/parent dialogues used in Parent Effectiveness Training. See Appendix (C).

(b) During the Role Playing

When role playing begins to drag, or the leader feels it has missed the point, it is usually best to:

--encourage others in the group to suggest a line to the mother, etc;

--stop the play, suggesting that the two players talk to each other privately, as mother and father or whatever role they're in, and then restart the play;

--have the players switch roles, "Now you become the child, and you take the mother's part;"

--have the group divide and take sides, with half the group sitting by the player taking the mother's role, and the other half teaming with the player taking the visitor's role. Each group is then free to "toss in lines" and play the roles together.

(c) Discussion after the Role Playing

Role playing has been found to be a wonderful "springboard" for discussion. Following each play the leader should begin directing the discussion by asking the group and the players such questions as:

--What was the real problem in this situation?

--Was the visitor helpful with her advice?

--What were the strong points of the visitor, the mother, father, child?

--Were you comfortable when he said ....?

--How did you feel when the child didn't answer you?

--How do you feel now about the situation?

--What would you do differently now?

These or other questions might help the visitors reach conclusions about the role play and see new directions for their work.

(2) Lectures

When an entire group of home visitors or the total staff requires the same information to meet their needs, group instruction or a lecture might be appropriate. Obviously lectures are more effective when the person who has been asked to lecture to the group knows the needs of the group and is acquainted with the program. Therefore, if a presentation is to be made by an "outsider," time spent in briefing the person on the program as well as problems and needs pertinent to the talk is well-invested. Good results have also been obtained when the visitors opened the session by formulating questions, or summarizing their problems or ideas, so the resource persons knew just where their expertise could best be applied.

(3) Buzzing

"Buzzing" as used here refers to dividing a group into smaller groups, either groups of two's or any number up to six or so. Then each group is given a time limit to do a certain job, perhaps list some questions, ideas, or recommendations, or think of a number of specific suggestions such as how to work with a mother who never keeps her appointments. Analytical jobs or tasks have not worked very well in buzz groups.

Each small group of participants is also assigned to select a reporter to record the results of the "buzzing" and a chairperson to lead the group. After the allotted time is up, each group reports its findings to the total group. Suggesting that each group give one idea at a time helps prevent one group from monopolizing the available time. When one idea or point is presented, it can be crossed off all the other lists. The entire list can be written on a blackboard or chart and used for discussion.

(4) Panel Discussions

Panel discussions are yet another successful way for home-based programs to present information to a group or to promote discussion. If the panel presents an idea that sparks immediate reactions among the group, the panel should stop while the group works on it, and then summarize the group's discussion. A variety of types of panel discussion groups can make the training less "school-like" and will increase the interest of the group, for example:

(a) Main idea panels

When a lot of information must be reviewed, panel members such as home visitors or parents can be asked to read some material (for instance, something on the program components) and present to the total group the main ideas each has gleaned from the materials read.

(b) Committee report panels

Committees of home visitors have been appointed to bring in ideas or information to the group on a specific common problem or need. The leader needs to meet with the committee members to give suggestions and encouragement before they can report, but more important, to help them coordinate their presentations so that duplication among the members is avoided.

(c) Spontaneous discussion panels

Often three or four visitors have been asked to serve as panel members and share their experiences or ideas on a subject. It may be necessary for the leader to help these individuals by asking them questions -- like an interviewer. Two mothers might present the mother's point of view, and a home visitor the visitor's point of view.

(5) Audiovisual Aids

(a) Films

Films, slides, overhead projectors, and opaque projectors have been found to be very useful in training home visitors as with almost all other groups. Films are more useful when the leader has previewed them, tells the group something about them, and asks the group to focus its attention on specific points. See Appendix (D) for a listing of some film presentations that are applicable to home-based child development programs.

Following the film or slides, some discussion should take place. Discussion leaders find that beginning a discussion of a film with open-ended questions is particularly effective:

--What would you say about this film?
--Who would like to comment?
--Does this remind you of something you have been thinking about in your work?

Next, the leader can ask more direct questions, to bring the focus of the discussion on important points:

--Would you work with the children in the same way as the visitor did in the movie?
--Could you take this much responsibility in developing your families?
--What did the visitors do that was similar to your tasks?
--What did they do differently?
--How would you describe the relationship between the parents and the visitor?
--What kinds of problems do you have in working with your families?
--How do you solve these kinds of problems?

(b) Video-Taping

Where available, video-taping is a source of continuing feedback and an excellent tool for training. Using the tapes, the visitors, supervisors, or trainer can review role plays of the visitors working with typical problems. When viewing themselves on tape, especially in the presence of another person, home visitors soon become discerning and critical of themselves. "I didn't let Jose finish it, I jumped right in," or "I really do talk a lot; poor Mr. and Mrs. X didn't get a word in." As a result of the viewing, the visitors see for themselves what went wrong or what was successful.

Although video-taping is initially an expensive training method, some programs have received training grants to purchase and learn to operate the video-tape equipment. Others have found that when they purchase the equipment jointly with one or more other agencies, the initial expense is feasible.

Essentially, the video tape helps the visitors learn about themselves, the children and families they work with, and their methods and style. Video tapes of the program might also be used for:

--large group meetings of community groups to explain the program;
--recruiting parents, showing them exactly what kinds of things they can expect when a visitor comes to their home;
--evaluation of the growth and progress of the program, or of individual home visitors and staff members;
--showing consultants a particular child's or family's behavior, if this behavior is of concern to the staff;
--recording a special event, a surprise party for a family, a special field trip, or summer play group of children;
--increasing the staff's observational skills;
--sharing with parents their child's progress.

To help groups become relaxed about video-taping, it is useful to:

--make several tapes of a group situation, so no one person is singled out for taping until all are at ease with the techniques;
--tape in many different situations, such as parties, lunch times, and workshop sessions, before taping home visitors with families;
--discard the first three tapings of any group as practice tapes;
--let the person being taped view the tape alone first, and let him decide whether or not the tape should be used with others.

2. Individual Training

a. On-the-Job Training and Supervisory Coaching

The basis of in-service training can be the day-to-day supervision and individual help given to the home visitors. As the supervisor works with the visitors and a family, within the family's home, very effective training takes place. The supervisor can use these opportunities to:

- support the visitors in utilizing new skills;
- suggest and demonstrate new activities and methods for fostering competencies in the parents and children;
- reinforce the ideas and methods discussed or presented during training;
- evaluate the effectiveness of the training, and identify ideas for future training;
- meet the individual needs of each home visitor;
- help the new visitor, who may be confused when faced with the total family and bring the situation into focus.

On-the-job training, with the supervisor (or a fully trained and experienced home visitor serving as the trainer) and the new home visitor participating together in a home visit, is an even more effective method when it is followed by an individual-and-trainer conference. Conferences between supervisors and visitors are always useful and can:

- help in the evaluation and assessment of the needs of families;
- assess the needs of the visitors for future training;
- enable the visitors to clarify their goals or work through their problems;
- help the visitors feel their job is worth doing and doing well for they know their work is known, appreciated, and recognized;
- help the visitors to see their present job as an opportunity for personal growth and development.

b. Assigned Reading and Discussion

Staff members can benefit greatly from a carefully thought-through plan under which appropriate articles and books related directly or indirectly to home-based child development services are assigned for reading, and then discussed with the director, a specialist, or the entire staff. Local programs will no doubt already have or know of many excellent items from which the staff will benefit. In addition, a Bibliography of Materials on Home-Based Child Development is available free of charge from the Home Start Program, Office of Child Development, DHEW, Box 1182, Washington, D.C. 20013.

D. TRAINING RESOURCES

1. Members of the Program's Staff

Within each new home-based program, there are undoubtedly many individuals who possess unique and varied talents. Perhaps there is a staff member who could:

- teach mothers to sew;
- conduct a workshop for fathers on making simple auto repairs;

--demonstrate new and attractive recipes for commodity foods;
--show how to engage a shy or withdrawn child in conversation by using puppets.

As indicated above, experienced home visitors can be used very effectively to train beginning home visitors -- either going with them on first visits, letting them observe as they make visits, discussing video-tapes of sessions with parents and children, or describing how they felt and what they did when they first began their job.

2. Local Specialists

The community itself has many training resources. School personnel, local nutritionists employed by the school system, public health department or county extension service employees, or nurses from the health department might be willing to conduct training. Other resource people might be the local:

--child development specialist from the community college who might be available for workshops on human growth and development;
--pediatrician or dentist who may discuss his role, preventive health, etc;
--kindergarten teacher from the nearby neighborhood school, who might demonstrate techniques of working with individual children;
--Junior League, Women's Club, Rotary, Kiwanis, etc. representatives, who might have a variety of topics about which they may be prepared to conduct training;
--family counselors who may help with family relations;
--Red Cross volunteer who might teach basic first aid;
--insurance salesman who could explain insurance buying to parents, or a businessman who could explain purchasing on credit;
--psychologists who can lead workshops in human relations;
--police, fire, or health department personnel who are available to deal with community needs;
--librarians who can acquaint the staff with new children's or other literature;
--social worker who can teach visitors how to identify problems and make referrals;
--home economist from the local high school who can teach nutrition or home safety;
--Head Start program personnel who can offer valuable assistance to home-based personnel.

3. Consultants

A consultant who has specialized knowledge can, of course, be very useful in a training program. However, consultants are aides, not substitutes, for local home-based personnel. They can best be used as facilitators, rather than to replace the local staff leadership.

The Home Start program has provided a directory of some of the individuals and organizations that have an interest in and an established capability to serve home-based child development programs. Information from this roster is available through each of the DHEW/OCD Regional Home Start Representatives. [See Appendix (F) for addresses.]

Time is well spent in planning to get the best and most utilization of the time and talents of consultants to be used to help with training, or for other purposes. It is unfortunate for any program and frustrating to any consultant who arrives with too little understanding of the program, or uninformed about the need, the problem, or the assignment. Some important points in using consultants are: (1) Select consultants carefully; be sure they have had successful performance in similar assignments and have a good general reputation. (2) Send important background materials to them in advance. Perhaps discuss the assignment in detail by telephone. (3) Provide a joint orientation and planning session, to be conducted as soon as the consultant arrives. Be fully prepared and organized to get the best possible utilization of the consultants' availability. (4) Thank people for an assignment well performed. In that way, the occasion will almost always be one of great benefit to the program and of mutual satisfaction.

4. Head Start Programs

Another valuable source of in-service training is often a local Head Start program. Many training activities of Head Start are appropriate to the needs of the staff of a home-based program. Head Start training on child growth and development activities for individual children, involving parents, dynamics of families, interpersonal relations, communication skills, nutrition, health, psychological and social services, special needs of handicapped children, and community involvement are examples of appropriate topics for home-based programs.

5. High Schools, Colleges, and Universities

Local school systems, community colleges, and universities may offer training activities that can be incorporated into the in-service plan. It is often feasible for the home-based program director or training coordinator to plan with these institutions to develop courses and materials that will meet the needs of a home-based program.

Provisions for the trainees to attend high school or to earn a high school equivalency, to obtain an Associate of Arts degree from a community college, or a Bachelor's degree from the university can be made as a part of in-service training activities. CLEP, the College Level Exam Program, may allow staff to obtain credit for their knowledge without having to attend courses.

6. Regional HEW Offices, the community representative, child development specialist, parent involvement coordinator, and other HEW Regional Office personnel are at times available to conduct training sessions.

7. Other home-based programs are excellent resources. Staff members with specialized skills and knowledge may be willing to conduct training for other programs as their time permits; but more possibly, they may be able to share their ideas, recommend consultants they've found useful, or identify other training resources, to assist other programs with replication of the home-based concept.

8. State Training Officers or Regional Training Officers for Head Start have available training staff and other training resources -- films, pamphlets, and workshop ideas -- for use in home-based programs. The STO and RTO is usually available to help programs both plan and implement complete training plans.

9. Correspondence Courses in child development and related subjects are offered by several institutions, colleges, and universities.

E. EVALUATION OF TRAINING

Evaluation of training serves to:

--identify additional training needs in terms of subject matter content;
--give facts about how the training methods/techniques can be improved;
--provide data on which to plan future training activities.

Evaluation of training best begins before training begins. If time is taken in the beginning to determine carefully the needs for training, a base of information is established from which to determine later if the training has been effective in meeting those needs.

Everyone involved in the training can play a part in evaluating it -- leaders, consultants, home visitors, and supervisors. Having their suggestions accepted and utilized in future training programs helps the staff become more open and receptive to future training.

Some evaluation is "summative," or the type that endeavors to sum everything up for a final report, or at the end of a series of training sessions. This summation describes in detail how many people attended the training session, what the content was, and how successful the sessions were perceived to be by all concerned. This is usually very helpful.

"Formative evaluation," often built right into the training, gives the type of information the staff needs to design future training plans. It shows what was well received, how to improve techniques, what the trainees perceived as useful and needed, and what skills and knowledge they gained.

Program directors, training coordinators, trainers, and supervisors need to be flexible enough to incorporate sound suggestions and use the evaluations to develop more effective training programs. They themselves must be open-minded enough to revise their ideas about what is helping or hindering, and knowledgeable enough to develop and try out new and different methods of remedying weaknesses in the program.

The type and form of the evaluation will depend on several things -- the kind of training session, the use to which the evaluation will be put, and the type of evaluation most useful to the particular group of trainees.

Evaluation summaries of on-going training can take place during training sessions, and are valuable in helping the participants become aware of how far they've gone and what still remains to be done. Such summaries are not just held at the end of a training session, but at several points throughout the training. The group leader takes the responsibility for helping the group to summarize the training. For example:

--At the end of a session of training, the leader may summarize the points made and ask for reactions -- "We seem settled about our ideas on 'how to' -- but we will need more discussion about ..."
--At other times, newsprint pads and felt-tip pens can be used to list points covered adequately thus far and to identify additional points that need to be covered.
--Group growth can be emphasized in the summaries, and throughout the training activity as the leader points out ... "We're coming closer to the solution. We're really working as a team, with everyone contributing ..."
--At the beginning of a training session, the group or leader can summarize ... "Remember last time we said, felt, concluded ..."
--Group summaries can list "What we have done so far -- what was worthwhile, what not so worthwhile, and what we have missed."

Evaluative information can be obtained by asking for oral responses:

--What do you feel has been covered and what should be covered in future sessions?
--What parts of the training went well today? What do you feel could be improved?
--What kinds of things should you do tomorrow? What things would be best changed?
--How well do you think the goals of the training session were met?
--What things seemed to hinder our progress?
--What type of experiences that you did not have during this training would you like to have in the future?
--What were the three most important things in this training?
--How much effort did you yourself put into the training session?
--How would you rate the trainer, supervisor, equipment, and materials?
--What methods were really effective, realistic, and practical?
--What methods are preferred by the staff for making them less inhibited and most satisfied?

Formal or written evaluations are also useful in giving feedback to analyze the training sessions or activities.

Finally, evaluation of training involves observing the progress and growth of the home visitors to determine whether the training has helped them to become more effective. As supervisors visit the homes with the visitors, they have opportunities to observe how the new skills, knowledge, and ideas presented during training have been incorporated into the visitors' behavior. This observation helps the supervisors determine what still remains to be done and judge the effectiveness of various training activities.

PART II: PROGRAM OPERATIONS

CHAPTER SEVEN -- THE HOME VISIT

There is no one approach that home visitors must follow. How visitors become acquainted with families, how they gain their confidence, and how they develop strategies that will enable each family to function better is somewhat an individual matter. What works best in any given situation depends to a large extent on the personalities and skills of the visitor, and the characteristic strengths and needs of individual families. Every home visitor tries to develop an effective style of working with each family -- perhaps using one method with one family, while employing a very different technique with another. However, all home visits are based on some general principles and guidelines, including acceptance and respect of each family, and understanding.

Ultimately, the success of the home-based program rests on the home visitor, working directly with the parents and their children. It is the home visitor who helps the parents obtain the resources they need, strengthens and encourages the family, and helps its members develop to their fullest potential.

Home visitors, of course, are not expected to be professional specialists or experts in physical, dental, or mental health, safety, nutrition, social services, parent involvement, or education. Rather, they learn to serve as generalists, who can bring materials and support. They help their families obtain the resources and services they need. Visitors do things for the family only as necessary. They work to enable families to do for themselves.

A. RESPONSIBILITIES AND RELATIONSHIPS

Home visitors must learn to become human relations experts -- communicating and relating effectively with parents, children, supervisors, and Policy Councils alike.

1. Relating with Families

The principal function of the home visitor is, of course, to assist, inform, and advise parents in such areas as childhood education, identification and correction of health problems, and so forth. Visitors work toward developing the skills of parents as "child development specialists." Home-based services are, therefore, mainly adult oriented. This means that almost all of their time in the home is spent with the parent(s), rather than directly with the children, but naturally not to the exclusion of relating to the children. The visitor usually visits each home once to twice a week, and then often not for more than an hour and a half to two hours. The children, on the other hand, can benefit from developmental services every day, if the parents have the interest, abilities, and materials and support services needed. It is easy to see, therefore, that within the short time available each week, the home visitor can best spend most of that time helping prepare the parent to work more and more effectively on behalf of the children, and the entire family.

Home visitors are sympathetic listeners, advisors, helpers, and friends to each entire family being served. Some of the things visitors do are mainly for the purpose of gaining the confidence and cooperation, as well as friendship, of the parents. Others are more directly related to building parents' knowledge and skills. For example, on any particular visit, the home visitors may incorporate as many as eight different activities or ideas, including such things as:*

--introduce a toy (or book or creative experience) that will necessarily involve the parent in a developmental experience with the child. Home visitors will often leave the toy in the home and encourage the parents to use it with their children during the week.

--help the mother and father make homemade toys improvised from household items to foster development. Examples of such homemade toys include cans filled with pebbles, buttons, or paper clips to produce interesting and varied sounds; stackable measuring cups, pans, or mixing bowls; and building blocks made of empty milk cartons.

--help the parents with a household chore (such as washing dishes, making biscuits, or peeling potatoes) and, by involving the child, demonstrate how the activities which normally make up the fabric of each day can be used as constructive learning experiences for children.

--talk with the mother and father about each of their children and the things the parents are doing to further their development, praising them for gains made, and making occasional suggestions.

--introduce activities that involve the older children, or that encourage the older children to work with and help the younger ones. Such activities may take the form of coloring, pasting, simple crafts, reading to the young ones, etc.

--give the mother and father opportunities to talk about their own achievements, needs, or problems. In such conversations, home visitors may introduce the subject of adult education classes, parent meetings, health, or the existence of community services that the family is not using but for which it is eligible. These services are suggested in the context that they are ways in which the parents may be able to do more for the development of their children.

--take time from more serious purposes for a snack or sociable chat, perhaps while helping a busy mother dry dishes or fold diapers.

--provide transportation and assist in baby sitting arrangements so the parents can attend the Policy Council meetings, community meetings, or social activities.

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*For a more complete description of activities performed on home visits, see The Home Start Program: An Overview, available from Home Start, Office of Child Development, P.O. Box 1182, Washington, D.C. 20013.

--arrange a trip to the grocery, the fire station, a nearby park, or other place of interest for the entire family.

Home visitors, themselves knowledgeable about children, help the parents to understand better their own children and to learn new ways of relating to them. In many ways, the home visitors give parents knowledge of child growth and development, children's behavior patterns, and techniques for meeting children's needs. Thus, visitors help parents to become child development experts.

Home visitors show parents that they accept children's feelings.

Children's feelings are often close to the surface. Relating to the needs of children may be one of the first concerns of the home visitors. For it is through the children, through enhancing their feelings of adequacy, love and respect for their families, that home visitors help build up the strengths of the total family.

Dr. J. Ronald Lally, Director of Syracuse University's Children's Center, has discussed eleven major problems in the implementation of home-based programs, many of which are concerned with how visitors relate to the parents and their children:*

(1) Home visitors too often work with the child, rather than the parents.

(2) Home visitors often separate emotional and cognitive development, when in fact they should be integrated.

(3) Home visitors tend to be too rigid in the use of cognitive materials.

(4) Often they are inclined to set up formal activities, rather than allowing for more informal give-and-take.

(5) Home visitors concentrate too often on reinforcing and rewarding the child and don't provide enough reward and enjoyment for the parents and siblings.

(6) The role of the home visitor is too narrowly defined in many cases; rather it should be broadly defined to allow the home visitor to be a parent advocate.

(7) Often dependency on the home visitors develops, when their goal should be to help the parents become more independent and self-sufficient.

(8) In many instances, the middle-class model of child-rearing is used exclusively, rather than attempting to assess the individual situation and strengths of each family.

(9) They too often are uninterested in evaluation when in fact they need to know what they have accomplished to help them do a better job.

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*A more complete discussion of these points appears in the First National Home Start Conference Report, available from Home Start Regional Representatives [see Appendix (F) for addresses].

(10) Home visitors should be allowed and encouraged to present their ideas of what should be included in their in-service training.

(11) The limits of home visit programs are often not defined well enough for home visitors so that they can help their families find the particular kind of service most relevant to family needs.

2. Relating to Children

Home visitors in their relationships with children are also serving as models for the parents. For example, parents see that the visitors recognize the feelings children have, and allow them to express their feelings. Sometimes they give children the words they need to help them describe how they feel; at other times, home visitors show the child how he can express himself through materials, such as paints or clay. The visitors always try to accept the tears, giggles, or anger the child feels. They try to:

--Know the individual child. Recognizing differences in each child, the home visitors are aware that all children, even children in the same family, are different. Each child has his own interests and needs. Home visitors show parents how to watch for the child's danger signals that signify it's time to stop or to change the activity. Home visitors know the children so well that they given them tasks which, although they present a challenge, allow the children to be successful.

--Help the children grow and develop. Just as home visitors help the parents to grow and develop their full potential, they help the children in the family to grow and develop. Home visitors show the parents how they can stretch their child's thinking by asking "What would happen if?," by reading stories, or just by pointing out little-noticed things around them -- the sun in the puddle or the spots on a ladybug. Other times they help children to develop by teaching them to use the scissors, put a puzzle together, or use a puppet.

--Assess the children. Listening to the children, observing them as they work and play, home visitors analyze their growth and development, recording the children's progress and planning further development. Visitors also try to include siblings as much as possible and assess changes in their development.

3. Relating to Supervisors

Home visitors must be willing and able to take directions from supervisors and directors. They need to relate to their supervisors without doubts, suspicions, or fear of expressing their own beliefs and ideas.

Visitors should feel free to seek support from their supervisors. They should be able to ask for suggestions and receive prompt responses. Home visitors:

--need to be encouraged to come to their supervisors and professional specialists to get help, direction, and evaluative comments on how they are performing and progressing.

- --keep records and written assessments of their visits with the families, and write progress reports for the information of the supervisors, specialists, and other home visitors;
- --help to make the supervisor welcome in the homes they work in;
- --should be open to suggestions and new ideas that may increase their effectiveness.

4. Relating to the Policy Group

Home visitors associated with a Head Start program will be functioning under the overall guidance of a Policy Council or Policy Committee. Hopefully, they will come to possess a strong identification with these groups. Visitors can do much to strengthen a policy group's understanding, appreciation, and support of the program. They might:

- --help families to organize and select representatives to serve on the Council or Committee, as the case may be;
- --emphasize to the parents the importance of having them make decisions about the program, and enable them to attend meetings by arranging for transportation or babysitting;
- --discuss the decisions of the policy group with the families, helping them to understand and benefit from these decisions;
- --help the Council or Committee to survey sites for expanding the home-based program or to identify prospective families.

B. IMPORTANT ATTITUDES IN WORKING WITH FAMILIES

1. Accepting Families Uncritically

Home visitors need to accept their families uncritically. No matter how much concern the visitors may feel for a family's children, for example, it remains a fact that family patterns of living are highly personal and deeply ingrained. The uncritical acceptance of the parents' rights to rear their children, in the framework of their own values and convictions, is basic to establishing a good working relationship with the parents. This does not mean, of course, that child abuse should be accepted. If such instances are found the visitor should take the matter up immediately with their program director, supervisor, and specialists as may be appropriate. The matter can then be properly investigated and corrective action taken as may be needed. However, new ways of interacting with children are not likely to be adopted unless they are accepted gradually within the basic life style of the family.

2. Recognizing the Strengths of Every Family

As home visitors work with families they learn to recognize the strengths of each family. They learn to understand better the fact that many families have held together through a lot of traumatic experiences. Some will have had a long history of difficulty in coping with daily problems -- getting enough food, making an adequate living, finding decent shelter -- and many may have always lived within a hostile environment. Yet they've managed to survive, and with a little of the right kind of help they will do better yet.

3. Respecting Confidential Information

Even seemingly unimportant information gained in a home is personal to the family and must not be shared with anyone other than authorized personnel--perhaps the program director or specialist. Some programs have established the practice of training the visitors not to use family names when in group discussions with one another. This attention to preservation of confidentiality helps to establish a firm pattern of respect for the privacy of families.

Equally strong is the temtation of the visitors to share and confide their own personal affairs with families. However, visitors should know they are in a position of providing assurance and strength to families and must be capable of putting aside personal problems and concerns while in the home of another.

C. USING COMMUNITY RESOURCES

All home-based programs need strong, productive relationships with existing community services and resources, and getting families to use resources that they need is a major part of home visiting.

Knowing what agency can handle a particular problem or need is more than half the battle.* Often, jotting down the concerns of the home-based program and sorting through potential resources will help a home visitor to zero in on the group of resources that might be most useful.

Skill in "walking through the yellow pages" is necessary. Sometimes agencies are a part of a larger social agency in the community and are not listed separately. Programs often begin by calling a large agency, not worrying if their first calls get a polite referral, for often it takes several calls to locate the exact information or resource the program needs.

National organizations are useful in assisting local programs in identifying resources. A quick post card to a particular need or resource in the area can help programs find existing resources.

Dr. Kyo Jhin, Director of the Huntsville, Alabama Home Start program, has suggested the following hints for utilizing community resources:

- --involve the agencies in the initial planning stages of the home-based program;
- --ask representatives from the agencies to participate in the program by serving on the Policy Council, conducting training, or joining the home-based program's workshops, training sessions, or social activities;
- --acknowledge the agencies' help through letters, news items submitted to

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*It should be noted that informal supports from relatives, friends, neighbors, etc. can also be extremely valuable to a program. For example, establishing a system that includes regular meetings of mothers' groups often serves as a means of continuing support after a program terminates.

the local newspaper, or recognition at end-of-the-year celebrations;

- --keep in constant communication with the agencies by sending them reports of the home-based program's progress, newsletters, phone calls, or visits;
- --incorporate the suggestions and input of the agencies into the home-based program.

A booklet describing the agencies and resources of the community can be distributed by the visitors. Usually, the department of social services, Chamber of Commerce, or other civic group in the community will have already compiled a booklet of community resources. In some cases, the visitors and program staff can compile the resource booklet. It should contain as many specifics as possible, including names and telephone numbers.

D. PLANNING/PREPARATION

Every session of planning and preparing for home visits should, of course, relate to a "master plan," which essentially is the set of goals and objectives for the program. The way that the program can progress toward its goals and accomplish annual, quarterly, or monthly objectives for meeting the needs of the community and the individual families being served is to relate all major daily actions to those goals and objectives. At the same time, of course, goals and objectives need to be reasonably flexible, and to be modified and improved on the basis of experience, just as a recipe in a cookbook may be followed exactly in the beginning, but time and experience may produce changes in the "plan" which mean a better and better result.

Planning and preparation for individual home visits needs to include consideration of the goals and objectives of the program, information available on the assessments made by the home visitor and others of each family's needs, and (very important), each family's assessment of its own needs and priorities.

1. Deciding on Goals/Objectives/Strategies

Every home visit should be carefully planned, including the first visit, later visits, and the final visit. In this way, the home visitor goes with confidence, and as much as possible is accomplished without a great deal of waste of time and effort. This is not to indicate that the visitors should rush through the visit or attempt to pack as much into it as the situation will stand. On the other hand, it is a disappointment to the family as well as the home visitor, when all concerned feel a visit was largely a waste of time. A well-planned visit with definite purposes or goals, in which the visitor arrives with all needed materials and a definite if flexible plan, serves the family best.

Selecting and deciding on the goals, objectives, and activities which will help accomplish them is one of the first things visitors must learn to do. Once the goals are determined, decisions can then be made on the best way to meet them. Sometimes visits focus on one main goal, such as to encourage the parents to obtain the support services their family needs. The objective may be taking the parents to a local social services agency to familiarize them with the agency's policies and procedures, and possibly complete an application. Another goal might be to encourage the mother to let her children work alongside her as she cooks. The objective might be making instant pudding with the visitor commenting on the learning that can be incorporated in this simple, enjoyable activity for the child.

Other times visitors may have several goals for the visit, perhaps one for each of the component areas. Establishing dental hygiene might be one, with the activity being the introduction of tooth brushing kits. Encouraging the father to interact more with his children could be another, with the activity being asking him to enter into a game. The visitor might aim to foster the mother's self-concept by planning to go with her to the "mother's social hour."

Even though visitors plan carefully for each visit, establishing clear goals and objectives and appropriate, interesting activities, they need to learn that their plans should not be so firm that they cannot be changed. They should aim to take every advantage of the situations they find in the home as they find them. It may be that the father is already engaged in some activity -- cleaning, repairing, gardening. Rather than try to interrupt him and ask him to "play a game," the visitor might ask the father to explain to the children what he is doing and why, and look for some little ways the father might let them become involved. Or the visitor may find that there is no food or too little food in the home, and might spend her time with the family helping them to obtain food stamps.

Therefore, a strategy should be worked out for each visit, with the home visitor working with the director and other key members of the staff. What is already known about the family should be reviewed. Notes from any previous meeting reflecting problems, needs, and gains can advantageously be gone over. From this, the goals, objectives, and activities can be decided for the visit. These should be put in writing by the visitor, as a check list to help ensure that important objectives are not overlooked. The strategy should include the objectives, the methods or activities to be used, information to be sought, and materials to be taken.

In some cases, of course, it will not be feasible to carry out the plan as devised. As previously indicated, the visitor may get to the home and find an unexpected situation, an emergency, or some condition that will require a flexible change in strategy on the spot. Nevertheless, in most cases this kind of careful planning pays off in greater accomplishment and greater satisfaction for everyone.

If it is a first visit, it should be planned to be fairly short. The objectives of a first visit to a family often include:

--introductions -- briefly describing the program, getting acquainted with the family;
--establishing the family's eligibility;
--observing the general situation of the family;
--establishing rapport and communication;
--gaining the family's commitment to participate in the program if they are eligible.

After the visitor has determined the objectives for a first visit, which will naturally be different depending on how well the families are acquainted with the program, and the personality of the visitor, visitors often find it helpful to:

--go over any records that might exist, preparing some information about the family -- learning to pronounce the family name, learning the names of the children and anyone else living in the home;
--list the things they will want to tell, discuss, or ask the mother and father;
--collect any materials -- pamphlets that describe the program, a card with their name, home phone number, and office number, or some pamphlets about children -- that they might be able to take to the home.

2. Ice Breakers-Greeters

One visitor says, "I always take two things with me. I put one on top of my bag so it can be discovered and is easy enough to help the kids feel good about a success. The other is something new and different and will be left in the home until the next visit."

Some visitors like to establish some routine, such as this, that helps break the ice with the children and the parents, especially for initial visits. A finger puppet, a song or finger play, or something short, quick, and catchy can be used to break the ice. Visitors find that several ideas are handy in case the child rejects the visitor's first ideas.

With parents too, during initial visits, ice breakers help make it easier to get started. A pamphlet of recipes on commodity foods might be given to the parents. A notice of a family picnic or a booklet on social services in the community all help to break the ice, and give the visitor and parents something to talk about immediately.

However, these "quickie" activities should generally be useful in furthering the objectives of the visit. One home visitor found that bringing each child in the family a new tooth brush and sample tubes of tooth paste broke the ice and provided an effective way to discuss concepts and advantages of dental hygiene.

3. Materials

Once the objectives and activities have been selected for the visit, it is necessary to prepare and collect materials that will be needed. Where possible, it is usually best to utilize things that will be found in or around a home. Although many times visitors will have to obtain or prepare materials, it is best to introduce new possibilities for using household items.

4. Planning to Resolve Special Problems

All visitors run into situations and problems that they don't know just how best to handle on the spot. In these cases, they may quickly get in touch with their director or a specialist if it's an emergency. Otherwise, the problem is included in their report and a plan is developed to work out a solution for the next visit. The problem may represent a topic on which a special training session should be held, including the sharing of the problem, and solutions among the home visitors. Home visitors should be knowledgeable about a wide variety of things and able to work in a variety of different situations, with a number of very different families and their problems.

Some of the situations home visitors might ask for help finding solutions to are reflected in the kinds of questions visitors have raised:

--How can I work with the mother, when the mother leaves to watch television every time I come?
--Do I deal with the immediate crisis -- such as attempting to help the family find food for the week, or should I concentrate on the long-range goal -- helping the mother to develop good feelings about herself?
--How can I teach the parents to use household items to teach children when the everyday household items that the average home has for children's learnings are missing from the homes I work in?
--What can I do to get the parents not to think of me as a babysitter?
--How can I involve the older children and utilize their energies to help the younger children?
--How can I help parents to realize that when they expect too much of their children they're hindering them, or how can I motivate them to expect more of their children?
--What can I do when every material -- books, toys, art materials, etc. -- I bring into the home disappears by the next visit?

5. Studying the Neighborhood

It's a good idea for visitors not to feel rushed or pressured into accomplishing a great deal on the first visit, but rather to be at ease. Making a home visit is not an easy task for anyone, at least not the first time. It's much easier to call on a home when you are acquainted with the family, but in home-based programs this is not always possible. Sometimes home visitors begin by canvassing the neighborhood, looking for diapers on a line or children playing on the steps, recruiting families for the program. Even when the families have been recruited, it's natural for visitors to wonder how they will be received or what they will say.

Prior to the actual visit, it may be helpful to make a "dry run" trip through the neighborhood or community the families live in. A road map is useful in learning the area, and the home visitors can plot their route, locate the homes of the families, decide which roads are most convenient to them and how they will travel between the homes. On the dry run, the visitor can note drug stores, gasoline stations, churches, shops -- and any other place of interest, as well as some of the resources the community has available. Visitors have also found that a stop in the neighborhood gas station, obtaining the phone number for future need, is a good idea.

Visitors also find it useful to prepare themselves mentally for emergencies or other serious conditions they may find. Occasionally they may discover badly neglected children. Now and then they may find filth or serious disease. Such situations must be taken in stride, without being shocked or ill at ease.

6. Making Appointments in Advance

Visits should always be prearranged with the parents. No one welcomes visitors just as the family is beginning a meal, or very early in the morning. Even with careful planning visitors may find themselves calling on a family at an inconvenient time, when other company is in the home, or when the family is occupied with some other demand. When this happens, visitors should make their stay very brief, and arrange to come back at a better time.

7. Dressing Suitably

Home Visitors will be more comfortable when making visits if they wear comfortable clothing. Parents will be more at ease with the visitors when they are not too dressed up, since the parents will have on their at-home clothes. Comfortable shoes may be a necessity in areas where a great deal of walking will be required.

8. Importance of a Confident Frame of Mind

Before visiting families, it is important to develop a confident frame of mind. Home visitors need to feel assured that:

- --they do have something positive and constructive to offer families;
- --when they approach families with a positive attitude and reach out with an open-mindedness, a readiness to listen, and a definite purpose in mind, they are likely to experience success;
- --they can go back again and again; if their first approach doesn't work, they can try something else another day, until they find the way that works for that family.

C. CONDUCTING VISITS

1. General Approach

a. First Visits

It's a good idea for visitors not to feel rushed or pressured into accomplishing a great deal on the first visit, but rather to be at ease, patient, and open -- putting families at ease. Sometimes this might happen on the family's front porch, or under a tree in the back yard.

People respond to the way a stranger looks and acts, so it is really up to the home visitor to establish beginning relationships, and to take the lead in setting the tone of the first visit. Some visitors have found it helpful to begin conversation around something in the home -- a plant a picture or the children -- whatever seems to be important to the families.

Children, too, will need to become relaxed and feel safe with the visitor. Some children are shy and apprehensive and afraid to relate to the visitors at first. Others will be overly gregarious and disruptive. The first communication with a child might be only through looks, smiles, and friendly gestures. Sometimes an attractive toy or book placed nearby while the visitor chats with the parents will arouse the children's interest. Rather than be too aggressive with the children, the visitor may say nothing more than, "I hope you like this book. Next week I'll bring something else, and we can play with it."

Parents may be concerned or annoyed if their child is shy or acting up. Visitors can assure the parents that they really expect this type of behavior, that it is very normal, and that many children react the very same way.

Usually the purposes of the first home visits are mostly to make introductions, get acquainted, and establish rapport with the parents and children. First visits may be short and informal, rather like taking a "coffee break" with neighbors.

If it works out easily, visitors will usually spend a lot of time with the children during the first visits. One way to gain the trust and cooperation of the total family is by showing respect, appreciation, and love for their children.

Visitors also try carefully to begin involving the parents in these first visits. Later, when the parents and visitor are comfortable with each other, the visitor can more directly ask the parents to join in activities such as helping the children find all of the round things on the car, or counting the number of panes in a window.

During these initial visits the needs of the family are assessed, new objectives are developed, and plans are made to begin meeting the needs of the total family.

b. Later Visits

Later visits will continue the warm relationship established during the first visit and give the visitors opportunities to assess further the situation, needs, strengths, and weaknesses of the family and gather other information that will be the basis for establishing goals and objectives for the following visits.

Some goals may be long-range ("To enable the family to develop its full potential"); objectives may be short-range ("To help the family to obtain food stamps" or "To get the father to stay in the room while working with the children"). The program's goals and objectives will serve as the framework for the visitors to decide on individual goals and objectives for each of the families.

As the visitor gets more involved with the family, visits generally lengthen in time, and the visitor works less directly with the children and more through the parents. In this way the parents gradually build confidence, skills, and interest.

Perhaps the visitors will bring a "bag of tricks" -- some crayons and paper, a few toy trucks, or a box of plastic animals -- for the children to play with while they work with the parents. The children play by themselves, allowing the visitors to work directly with the parents -- perhaps pointing out safety hazards, going over the food ads in the neighborhood newspaper, or discussing why play is important for children.

Other visits might see parents, children, and the visitor working together -- making biscuits, cutting out pictures to make a scrapbook, or reading a story. Visitors always take advantage of the situations in the home, encouraging the parents to involve the children in their tasks -- washing, setting a table, making a bed. As the visits continue the parents assume more and more of the teaching.

Some visits may focus completely on one of the program components -- perhaps health, with the entire family going to the clinic -- but usually a visit will encompass several components. Where it is possible, planting a garden with a parent allows the visitor opportunities to ask the parent to decide which types of flowers would be most attractive in the home, and to initiate a discussion of nutritive values and child health, if vegetables can be planted.

Whatever the activity, the visit should leave the parents and children feeling good about themselves, and knowing that the visitor is a warm, accepting friend of theirs.

(1) Assessing the Physical Environment of the Home

Home visitors will be assessing the learning environment in the home by seeking with the parents answers to such questions as:

--What is missing from the home that might hinder the child's learning?
--What danger features are there -- safety hazards, open walls, etc. -- that could be corrected?
--What things are in the home that are considered school-like-- books, crayons, scissors?
--What kinds of activities are prohibited due to lack of space-- riding a bike, or due to isolation -- the absence of other people, neighbors, playmates?

From the first time visitors begin to work with a family, they will be influencing the way the parents order the family's physical environment. This does not mean that visitors teach housekeeping skills or tidiness, but that they will help the parents to see that their children will learn more quickly and easily if the things they hear, touch, taste, and smell are not cluttered. Visitors help the mother and father to understand that children learn all of the time, and that everything in their home can either help or hinder the child's learning.

Home visitors can:

--initially assist parents in finding a space within the home that might be reserved for the child's, visitor's, and parents' time together. A space on the kitchen table, or a corner of a room, with a table and chairs made out of 3-ply cardboard by the mother at a workshop might be arranged;
--help parents to see that children's play areas, both in the house and outside, are safe and free of hazards. Some families with very limited space can be helped to set aside some of this valuable space for children's free play;
--arrange a toy box building project for the mother and father, providing a place for the children to keep their things;
--give each family a cardboard box covered with colored paper, or an inexpensive plastic basket in which to keep the things the children, parents, and visitor will work with during home visits.

(2) Assessing the Children and Parents

A beginning record of each child might be completed by the home visitor immediately after the first visits to a child's home. This can be started by collecting personal information about the child. Some things the visitor may want to note are:

- --the child's favorite toys or activities, what he seems to do with his time;
- --the language he speaks in the home, how he makes himself understood;
- --his favorite food and eating patterns;
- --his resting and sleeping habits;
- --any special fears he has, signs of behavior problems (sucking his thumb, hair twisting, etc.);
- --any physical handicaps, the child's physical appearance, his body build, posture, the way he handles his body, his coordination.

After the visitors begin to work with the children they can observe and record the children's responses to them:

- --Do they accept the visitor as a friendly person?
- --Are they fearful, shy? Do they seem nervous, day-dreamy, overexcited?
- --Are they attentive or is it hard to hold their attention?

The same types of questions can be asked about the parents. What are their interests, language, handicaps, food habits? How do they interact with their children? Do they show interest in the activities and talk and work with the children, or do they leave the room?

Having assessed the situation and thought about short- and long-range goals for each family, visitors begin to plan for next visits. Visitors can select one or two main objectives for each visit to the family, being certain that these objectives will allow for meeting the family's needs in the four components -- health, social services, education, and parent involvement.

2. Education Services

a. Involving the Parents

The major purpose of home visits is, of course, to involve the parents, enabling them to build their own skills as "child development specialists." Visitors can structure educational situations that will increase parent involvement. They might say:

- --"Ask Daddy if he will tie this thread for you," while stringing beads.
- --"Tell Daddy how you felt when you found that pretty smooth stone."
- --"See if Mother will help you get this piece of wood to stick to the other one."
- --"I have to pack up to go now. See if Daddy will finish reading the story to you."
- --"Before I come back next time, would you make a list for us of all the things Carmen finds in the room that are round?"

No activity with a child or parent needs ever to be hurried or condensed so that the visitors or the parents seem to be pressuring the child or worrying about him.

Sometimes a simple activity with the children can serve to help get parents started on educational activities. The visitor, children, and parents might:

--take a walk in the yard during which the visitor will involve them both in nature observations;
--read a short story, with the parent taking over as the visitor's voice gets tired;
--try out a box of new crayons and some paper and have the mother suggest something for the child to draw;
--put together an easy puzzle;
--explore together a "junk box" filled with interesting odds and ends of things to talk about.

b. Offering Materials

Materials often indicate to the child and parents what they are to do. Offering the child some crayons and paper obviously suggests to them a drawing activity. An egg carton with a collection of buttons that are of different collors, shapes, and sizes suggests a sorting activity.

Home visitors are always on the lookout for materials and activities that promote the parent's involvement. Table games, sorting games, and lotto or card games need several players and just setting them up seems to invite the parents to join the fun. Naturally, most of these materials are selected for their value in promoting child development. Their value is not fully realized if they are just given to the child or parent, with only instructions on how to use them. A most important step is the discussion and explanation to the parent, in which the parent gains a clear understanding and appreciation of the rationale involved. Providing these materials represents opportunities to educate, enlighten, and motivate the parents to be more effective developers of their children.

c. Setting an Example

Many times visitors do not have to say anything to the parents or children, and yet they are teaching very effectively. For example, rather than telling the mother, father, or child what to do, the visitor may just start doing it. The visitors might show them the way something is done, and act toward the child the way they would like the parents to act. Sometimes home visitors simply ask the mother to help -- they might say, "These toys go back into the box; I'll help you put them in," or "Hold the book the way I did while you read your part, so Mary can see the pictures as you read."

Home visitors often help parents make up games that involve classifying, counting or identifying objects and help them locate tools and scrap materials -- such as cardboard, wood, paper -- so that mothers, fathers, and older brothers and sisters can make wagons, puzzles, storage chests, and bookshelves for their families.

Equally important, visitors show parents how they are already teaching their children, by the way they involve them in some everyday tasks and activities. Then they may make the point that all the things in their home (pots and pans, beds, the colors of the walls) and all of the things in the neighborhood (the trees, sidewalks, cars that go by) can be used to further their children's knowledge.

The visitor's role in parent activities will no doubt include taking the parent(s) to the library, helping them locate books on subjects of particular interest to them, arranging for interested fathers and mothers to take a course in child-rearing or to view a film on child development, or holding mothers' group meetings to encourage them to help each other in working out solutions to child-rearing problems.

d. Direct Teaching

There are times that visitors will engage in direct teaching. They may teach a game, "This is how you play Mulberry Bush," or "This is the way you take the puzzle apart. Watch me, now look how it goes back together. Now you do it." Visitors may also offer direct information for both parent and child, "Ask Jenny to tell you exactly what she wants rather than giving her the things she points to," or "Count these with me; one, two, three."

At other times visitors give the children directions, "Put all of the red cars back in this box," or "Pick the toys up and put them back into the box." They might invite the child to a task, "Come and string the beads, make your string look just like mine," or "Come and find all of the pink buttons in this box."

Visitors also use direct teaching to accomplish goals in health, social services, and parent involvement. They might say, "It's a good idea to store that left-over kerosene away from the food because..." or "This is one way of preparing powdered milk so it won't be lumpy, and the children will like to drink it."

e. Reinforcing

Home visitors work to reinforce the child's and the parents' attempts to learn. They compliment the parents on successes and accomplishments, no matter how small they may be. "You really did a good job with that," "Sam sure does enjoy the way you read to him," and "That's great," are the kinds of comments visitors can make that encourage both children and parents to do more and better. Sometimes visitors can reinforce progress silently, with a smile, a nod of reassurance to the mother or father as they take over, or a hug or pat that helps the children to feel successful.

f. Other Examples of Education Component Activities

(1) Taking parents to local libraries and showing them shelves with books on child-rearing.

(2) Arranging for staff members and interested parents to take courses on child-rearing, such as "Parent Effectiveness Training." See Appendix (C).

(3) Holding mothers' group meetings to use one another as resources in finding solutions to child-rearing problems.

(4) Preparing simple guides to accompany children's television programs which are shown locally, to make television-watching less passive and more active. (For example, the Harrogate, Tennessee Home Start program prepares weekly activity guides to accompany the Captain Kangaroo TV series. For information, see Appendix (F) for the program's address.)

(5) Suggesting ways to turn everyday events into learning experiences, such as having the child help in making the beds, setting a table, while explaining to and encouraging the child, going to the grocery store and playing a "color game" on the way or peeling vegetables and teaching the child size and color concepts at the same time.

(6) Obtaining films on child development or child-rearing to show to groups of parents.

(7) Cutting out pictures in magazines and helping parents make up

games -- classifying objects, counting, etc.

(8) Obtaining tools and materials such as plywood scraps and triwall, so parents can make wagons, insert puzzles, storage chests, bookshelves, and other items for their own families.

g. Education References

Belton, S. and Terborgh, C., *Sparks: Activities to Help Children Learn at Home*, 1972. Available from Human Service Press, 4301 Connecticut Avenue, N.W., Washington, D.C. 20008. $4.00 per copy.

Bibliography: Home-Based Child Development Program Resources. Available from Office of Child Development, U.S. Department of Health, Education and Welfare, Box 1182, Washington, D.C. 20013.

Caldwell, B., et al, *Home Teaching Activities*, 1972. Available from Center for Early Development in Education, 814 Sherman Street, Little Rock, Arkansas 72202. $2.00 per copy.

Dodson, F., *How to Parent*, 1971. Available through Signet Books, 1301 Avenue of the Americas, New York City, New York 10019. $1.25 per copy.

Gordon, Ira, Buinah, Barry, Jester, R.E., et al, *Child Learning Through Child Play*, 1972. Available through St. Martin's Press, 175 Fifth Avenue, New York City, New York 10010. $3.95 per copy.

Gregg, E.M., "*What to Do When There's Nothing to Do*," Dell Publishing Company, 750 Third Avenue, New York City, New York 10017. 95¢ per copy.

Living Room Schools. *While You're At It*, 1973. Available from Board of Cooperative Educational Services, Research and Development Division, Nassau Regional Office for Educational Planning, 125 Jericho Turnpike, Jericho, New York 11752. Inquire about price.

Marzollo, Jean and Lloyd, Janice. *Learning Through Play*. Available from Harper & Row, Publishers, New York, Evanston, San Francisco, London. $7.50 per copy.

Parents as Resources (PAR Project). *Recipes for Fun*, *Recetas para Divertirse*, *Workshop Procedures*, *A Training Manual for Workshop Leaders*, *More Recipes for Fun*. 1970, 1972. Available from: Parents as Resources, 464 Central, Northfield, Illinois 60093. $2.00 per copy, $1.25 for 10 or more copies.

2. Health Services

a. Assessing the General Health Needs of the Family

Unless a serious condition is noted that calls for immediate action, most visitors find it best to work gradually into assessing the health needs of the family and providing services. By the second or third visit, however, such information as the following should be obtained by observation and questions:

--whether there are any home health records on the children that show what illnesses they have had and when, what immunizations they have already had, who their doctors have been, and so forth;
--when the children had their last complete physical examination;
--if the parents or the children have any health problems that they know about;
--treatments, if any, that members of the family are receiving, or would like to receive.

b. Examples of General Health Services Activities

(1) Discussing with the parents any health problems or needs that should be receiving attention, and working out with them plans of action.

(2) Helping parents to set up home health records, reflecting particularly past illnesses or injuries, immunizations, and so forth involving the children.

(3) Reviewing with the parents rehabilitative measures and arrangements in effect or needed for any handicapped children in the family, and helping parents to decide on any steps that need to be taken to make further progress and improvement possible.

(4) Taking parents and children for health examinations and/or care when transportation is a problem for them.

(5) Advising and helping parents to make appointments for health care at free clinics, dental care centers, and so forth, and following up to help parents remember and take advantage of services needed.

(6) Making sure that follow-up and continuing care is provided to the parents' satisfaction, and that it is obtained as needed.

(7) Calling on local physicians and dentists to tell them about the program, and to seek free or low-cost help for low-income families in need of care.

(8) Working with the local health department to obtain any types of services that they have to offer that will be helpful to the families.

(9) Teaching the parents about such subjects as elementary first aid and child health care, including providing such items as tooth brushes, offering suggestions on the proper care of teeth and gums, and reading health columns and articles with the parents.

(10) Helping to arrange any special rehabilitative services needed including assisting the family to obtain hearing aids, glasses, new teeth, etc., as may be required.

(11) Helping parents to inventory their homes to identify safety hazards, such as exposed or easily accessible poisons and medicines, unused and uncovered electrical outlets, bad wires, paints that children have been chewing on, fire hazards, and to tip parents off to safe practices with regard to cribs, toys, stair barricades, and so forth.

(12) Working with local agencies to promote improvement of community and neighborhood sanitation, introduction of fluoride to drinking water, extermination of rodents, roaches and other insects that represent a threat to family health.

c. Assessing the Nutritional Needs of the Family

An assessment of the needs of the family in the area of nutrition should include:

- --a review of the medical records for indication of special needs -- an iron-rich diet, etc.;
- --observation of the home and the eating habits of the family to determine:
  - -if there is adequate food available for the family.
  - -if adequate utensils and cooking equipment are available.
  - -if there is proper storage for food, including refrigeration as well as other storage of non-perishable items.
  - -if the family has an attractive, comfortable place to eat their meals, and if they are eating some meals together as a family.
  - -if the mother or father involves the child in cooking activities, and what are the special food likes and dislikes of the family.
  - -if the parent is knowledgeable of food purchasing, preparing, planning menus, and preserving food.

d. Examples of Nutritional Health Activities

(1) Reading and evaluating the newspaper's food ads with parents.

(2) Demonstrating, on an individual basis, food preservation and storage techniques.

(3) Helping parents make a shopping list.

(4) Helping parents plan a garden.

(5) Going food shopping with parents and child.

(6) Assisting family in taking steps to obtain donated or commodity foods.

(7) Arranging for parents to receive the USDA "Smart Shoppers" series.*

(8) Arranging for local home economists to demonstrate preparation of inexpensive but nourishing foods.

(9) Providing information on such aspects of nutrition as the feeding of young children, the purchase and preparation of food and food handling and storage, helping the homemaker make the best use of food money.

(10) Calling attention, when possible, to consumer newsletters and food cooperatives.

(11) Teaching the homemaker to plan menus that use the basic four food groups, and to plan and prepare more nutritious, lower cost, and more appetizing meals.

e. Health References

American Academy of Pediatrics, Committee on Accident Prevention,
1801 Hinman Avenue, Evanston, Illinois 60201.
Leaflets on protecting children of different age groups.

National Safety Council, 425 North Michigan Avenue, Chicago,
Illinois 60611.
Kits and publications on community and home safety programs.

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*Contact U.S. Department of Agriculture, Agricultural Marketing Services, Information Division, Washington, D.C. 20250 to be placed on the mailing list for this free publication.

Health: Day Care Manual, No. 6, Office of Child Development, U.S. Department of Health, Education, and Welfare, Washington, D.C., 1971.

Head Start Health Services, Rainbow Series, Office of Child Development, U.S. Department of Health, Education, and Welfare, Washington, D.C., 1969.

Proctor & Gamble Dental Health Education Package. $1.00 per year, per child. This kit includes a teacher's manual, booklet for parents, toothbrushes, toothpaste, curriculum resources, and an in-service training session.

Nutrition Kit, Head Start, Office of Child Development, U.S. Department of Health, Education, and Welfare, Washington, D.C., 1969.

Feeding Little Folks, Chicago, Illinois: National Dairy Council, 1968.

Mississippi Head Start Training Coordinating Council, Cooking Experiences For Young Children, Jackson, Mississippi, 1969.

Nutrition and Feeding of Infants and Children Under Three in Group Care, Rockville, Maryland, U.S. Department of Public Health Service and Mental Health Administration - Maternal and Child Health Service, 1971.

4. Social Services

a. Assessing the Need for Social Services

As indicated earlier in this manual, the term "social services" is thought of by some people as being economic assistance only. Since home-based services are provided mainly for low-income families, some will already be receiving welfare and other financial assistance. Others will not be receiving such aid, but will need it, and the visitor will no doubt be instrumental in seeing that such a family's needs are met. However, social services really refers to all the services and facilities that the community provides for its citizens. This includes recreational facilities and programs, for example, the public library, vocational, mental health, and other types of counseling, and so forth.

As with health services, the visitor usually makes a gradual assessment of each family's needs, rather than starting off with a direct inquiry into the family's financial and other needs, unless the parents bring the matter up immediately. Even on the first visit, however, the trained visitor will be able to gather a great deal of meaningful information about the family's needs by observation and general discussions of related matters. By the second or third visit, trust and confidence will have been somewhat established, and the visitor can begin to probe for information if necessary, but always in a tactful manner. Information so obtained will be reported to the director and any specialist on social services working with the program. From these discussions activities can be planned that will help alleviate or resolve conditions that can be improved or eliminated through available social services.

Examples of Social Services Activities

(1) Using local telephone book as a directory of resources, showing parents how resources are listed.

(2) Acquainting community agencies with the program.

(3) Taking parents to the resource facility, walking through entire process with parent(s).

(4) Using Parent Effectiveness Training to prevent communications problems within families.

(5) Helping parents obtain necessary furniture and appliances.

(6) Helping families team up with neighbors or relatives who own transportation.

(7) Holding program-wide picnics or other social affairs for parents or entire families.

(8) Helping parents with housing needs.

(9) Establishing a clothing and shoe bank.

(10) Arranging for alcoholism counseling and education.

(11) Helping parents find legal aid.

(12) Preparing and distributing, or obtaining from the social services department, a booklet on the services available to families.

c. Social Service References

Cook, P., Community Psychology and Community Mental Health, 1970. Available from Holden-Day, 500 Sansome Street, San Francisco, California.

Bennis, W.G., Beene, K.D., and Chin, R., eds., The Planning of Change, Second Edition, 1969. Available from Holt, Rinehart and Winston, New York City, New York.

Sagal, J., The Mental Health of the Child, 1971. Available from National Institute of Mental Health, 5600 Fishers Lane, Rockville, Maryland 20852. $2.55 per copy.

5. Parent Involvement Services

a. Assessing Needs

Some parents will already be highly involved with their children's development and with the community, but they may still urgently need the many resources home visitors can provide. For example, they may not be very knowledgeable or effective in the ways they are trying to help their children. They may lack certain badly needed resources that visitors can help them tap. While their efforts may be good in one area, the family may be suffering from poor nutrition, unemployment, bad housing conditions, and so forth.

The point is that with the parent involvement component, as with the other components, the needs of all parents are not the same. An active, intelligent assessment of needs should precede the start of activities or rendering of services. A careful assessment of needs, for example, prevents such mistakes as suggesting to a mother that she involve herself in certain ways in the development of her children, when in fact she is already so involved, and this involvement has been one of her strong points for a long time.

Assessing the needs of parents for further involvement can be done through observation and interviews. A check with the community's agencies can often help the program identify the general needs of the residents of the community -- for example, little opportunity for socialization, common concern about lack of recreational spaces for children's play, or needs for vocational retraining.

Observing and interviewing the parents themselves will give visitors an indication of the parents' involvement level. Some parents will be leaders in the community, active in the church or neighborhood organizations, and strong advocates of children. Others may be struggling to keep their families together and completely debilitated from the effects of poverty.

Visitors might ask parents:
--about their social activities, church participation, or other groups they belong to;
--what their career development goals are; are there skills they wish they had, high school equivalencies (GED's) to complete?
--what community resources have they become familiar with.

Visitors might observe:
--how the parents interact with their children;
--what activities the family does together;
--the parents' motivation to increase their knowledge of and understanding of children.

b. Examples of Parent Involvement Activities

Many parents may be so trapped by their own personal problems of day-to-day living that they are not able to provide for their children.

Visitors help parents to feel successful by:
--involving parents gradually, asking them to observe first, then to conduct some tasks, gradually increasing the responsibility until the parents are assuming complete responsibility;
--counseling, including -- attentive listening, responding, attention to confidentiality of information they receive from their families;
--understanding the helping relationship;
--learning to identify and solve problems.

(1) Organizing Parent Discussion Groups Around Topics Identified By Parents

Parents need opportunities to meet together in groups. The need to belong, to be social, and to have recreation is one of the basic needs of humans. When parents meet together they:
--develop greater belief in themselves and their worth as individuals;
--discover that they have feelings, ideas, and wants in common with others and help each other feel less isolated or lonely;
--increase motivation, self-help, and self-direction;
--become active members of the neighborhood and community.

Parents learn from one another and have a great impact on each other. When parents meet together there is a sharing of feelings and ideas that might not always occur when staff and parents meet.

A variety of group experiences can be provided for parents. One group may meet for mothers and fathers new to the program, another for those who have been in the program for some time, while another group might be a combination of these two. Other meetings will be arranged to foster the goals of the program, and may focus on health safety in the home (including a talk by a local fireman on fire safety), a discussion with an expert on insect and rodent control in the home, or how parents in an apartment complex or similar group can set up a buying club or cooperative to save money on food and other commodities.

--A nurse may be able to conduct sessions on baby care, hygiene, or caring for ill children.

--A business woman from the community might talk with parents about buying on credit, insurance, or avoiding bad contracts.

--The local home economist might conduct sewing, cooking, knitting, or canning classes.

Initially leadership for parents' groups may come from the home-based staff. However, many parents are able to assume leadership of discussion groups without assistance.

(2) Arranging for Social Experiences for Parents

Everyone needs to relax and have fun. Visitors can facilitate a group of parents getting together for recreation. Some groups might be very informal, a morning coffee at one family's house, an impromptu mid-morning picnic of a neighborhood group, or an evening of conversation at one of the homes. Other informal social activities might include:

--trips to places of interest;
--family picnics or pot luck dinners;
--fashion shows;
--bingo or card parties;
--get-togethers to view slides, video-tapes, or films of the program;
--dances.

The value of informal get-togethers cannot be underestimated, for the more parents get together socially, the more they feel "they belong."

(3) Participation in Policy Group Meetings

Some parents are, of course, initially involved in the decisions as to whether a home-based program should be implemented and later they help in determining the goals and objectives of the program. As the program develops, there are parents who continue in their role as decision makers through participation in the Policy Council or Committee. Decisions parents make help program expansion, budget program evaluation, personnel policies and procedures, and program direction.

Participation in the decision-making process is fostered by encouraging parents to become a part of the Policy Council. Parents are assisted in getting together to elect those who will represent them on the Policy Council and visitors can help arrange for transportation and babysitting to enable all parents to attend Council meetings.

In addition to making decisions about the home-based program, parents might be able to organize through the Policy Council to solve community-wide problems, such as clearing an empty lot to provide a place for the neighborhood children to play, or getting the city to make regular garbage pick-ups or to cover a dangerous open drainage ditch.

(4) Assisting with Home-Based Service Program Development and Operation

Parents also participate in program development by attending in-service training sessions, writing and receiving newsletters, and helping other parents. Parents can:

- --disseminate information about the program to their friends and neighbors;
- --recommend other families to the program, help in recruitment;
- --help other parents in the program by pooling resources;
- --take part in the evaluation of the total program including evaluation of their home visitor.

And, parents may work in the program itself, either as volunteers or as paid employees. They may construct games, toys, and equipment for the families; recruit new families; or help by taking others to the clinic, library, or recreation center.

(5) Attending Workshops

Another type of involvement parents have in a home-based program is participation in activities that will enable them to become more effective educators of their own children. Home visitors help parents develop knowledge and skills as child development experts, and they become directly and regularly involved with their children.

Often resource people in the community will be willing to conduct workshops on topics of interest to the parents. The most successful workshops are those that the parents request.

(6) Becoming Early Childhood Experts

Home Start recognizes that parents have important roles as educators of their own children and that all parents need to feel that they are doing, or can do, a good job of helping their children develop.

(7) Adult Basic Education Courses

Home Start also helps parents to develop their full potential and to realize their career development goals. Adult Basic Education classes, sponsored by agencies such as the State Department of Education, National Association of Public School Adult Education, The Adult Education Association of the American Education Association, Church Women United, YMCA, YWCA, or the local school system can help parents and staff obtain new skills and competencies.

Adult Basic Education courses may be organized around any number of topics, including classes in reading, writing, and arithmetic designed around everyday problems and concerns of adults. Other topics might be Everyday Psychology or Human Relations, Art, Music, Child Development, Civil Defense, Sewing, First Aid, Food and Nutrition, Business Education, Law, Physical Education, or Driver's Education. The director of Adult Basic Education at the State Department of Education can supply a bibliography of ABE materials or suggestions on where to obtain these resources in the state.

c. Parent Involvement References

Ginott, Haim, Between Parent and Child, 1965. Available through Macmillan Co., Order Department, Front and Brown Streets, Riverside, New Jersey 08075. $5.95 per copy.

Hollister, W.G., Group Participation Methods. Available from Unitarian Universalist Association, Department of Education, 25 Beacon Street, Boston 3, Massachusetts. 20¢ per copy.

Pavloff, G., and Wilson, G., *Adult Involvement in Child Development for Staff and Parents: A Training Manual*, 1972. Available from Humanics Associates, 881 Peachtree Street, N.E., Atlanta, Georgia 30309. $4.50 per copy.

Pickarts, E., and Fargo, G., *Parent Education: Toward Parental Competence*, 1971. Available through Appleton-Century Crofts, Educational Division, Meridith Corp., 440 Park Avenue, S., New York City, New York 10016. $8.95 per copy.

Q & A Booklet: Where Can Volunteers Begin in Adult Basic Education. Available from Church Women United, 475 Riverside Drive, New York City, New York 10027. 5 copies $1.00.

PART II: PROGRAM OPERATIONS

CHAPTER EIGHT -- RECORDS AND REPORTS

The experience of the Home Start sites served to reinforce the importance of setting up and keeping good records from the very beginning. Records are important, of course, not only for their value for daily planning and reference purposes, but for the development of sound, reliable reports that serve to point up problems and needs, and to justify the continuation of the services being provided to the community. Many Head Start programs can assist with record-keeping systems and forms, particularly in the area of health.*

No attempt is made in this manual to suggest or discuss financial records and systems, such as for payroll and accounts payable purposes and for reporting on the status of financial accounts, since these types of systems are fairly standardized. Of course, any program that is handling funds is well advised to bring in professional accountants and other financial specialists as needed right from the beginning and to pay the amount necessary to have adequate professional accounting services throughout the life of the project. The day the auditors arrive is no time to start trying to figure out where the money went.

Based on the Home Start experience, the following records and reports are considered to be a minimum for an efficient, responsible operation. Examples of the forms used in the Home Start program will be found in Appendix (G). These are included as guides and check-lists, recognizing that (1) they can be further improved, and (2) local conditions and preferences may mean that more or less "sophisticated" records will be desired.

(1) Family Information Record

A basic record is needed on each family served. This will need to reflect fundamental information about the family -- names, addresses, brief descriptions of family members, information on any special problems, such as those relating to any of the component services, or the program's objectives.

This basic card or form will "stay with" the family as long as they are being served, and should be brought up to date regularly, including suitable entries reflecting the time and circumstances under which they may be terminated from the program.

(2) Home Visit Report

Every home visitor should make a report, in detail, on every home visit. The importance of this cannot be stressed too much. It is usually necessary not only to stress this in the beginning with every new home visitor, and to be sure that each individual fully understands why this function is so essential to the best interests of the families and the success of the program. In addition to giving a lot of attention to this function in initial training, and in subsequent in-service training sessions, each report should be reviewed and discussed with the home visitor by the program director or other supervisory person. This provides an additional opportunity for improving incomplete or unclear reporting, by coaching and instruction. As someone said, "Employees do what management inspects." These reports are not only essential for updating the Family Information Record, and for use in preparing overall reports on the program's problems and accomplishments, but are of great value in planning additional and improved services for each family.

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*For information on Head Start health records such as the "H-PAR" form (Health Periodic Assessment Report), contact Linda A. Randolph, M.D., Director of Health Services, Program Development and Innovation Division, Office of Child Development, P.O. Box 1182, Washington, D.C. 20013.

One of the enemies of accurate, useful home visit reports is procrastination. The longer the visitor waits to complete a visit report, the less accurate and complete the reports tend to be. A very good principle for the home visitor to follow is to take perhaps 10 to 15 minutes, immediately after each visit, to sit in the car and complete the Home Visit Report.

In addition to completing Home Visit Report forms, some home visitors have found it useful to maintain a daily diary for their purposes, in a notebook. Or, some use one of the small cassette tape recorders now inexpensively available. These records are often anecdotal in nature, and are informal accounts of visits. They are particularly popular with home visitors who feel they don't express their thoughts well in writing, and usually result in more details being recorded than written reports. They provide a quick, convenient basis for supervisory reviews and some are useful for staff discussion and training purposes. In any event, these types of reports should be supplementary to the completion of some formal, written report of each visit, such as the Home Visitor Report suggested in Appendix (G). In addition to other purposes, these reports are of considerable value when the home visitor assigned to a family has to be changed for some reason, and the newly assigned visitor wants to study the history and development of the family to date, through the program.

(3) Home Visitor Time and Expense Report

A matter of priority interest to both the program administrators and the visitors is that of reimbursement for expenses and accountability for time spent, which means, of course, program money expended. There are almost always some individuals who are more conscientious about these matters than others. As with the Home Visit Reports, mileage, and other expense and time reports, will be prepared late and in some cases inaccurately, unless the home visitors are properly trained and well supervised. This naturally does not mean "breathing down the neck" of each home visitor. They will be out in the field, working with their families a great deal of the time, and must be the kinds of dedicated individuals in whom a reasonable amount of trust and confidence is well placed. It does mean, however, that it is not only important but essential that occasional spot-checks be made of the work of each home visitor. Part of this process involves taking an interest in their reports, and discussing with them the whys and wherefores when it appears that they may be spending an unusually small or large amount of time with each family.

To discourage any possible exaggeration of mileage expense claims, it is imperative that these reports include odometer readings and that the mileage claims be reviewed before payment to be sure that they are reasonably accurate, and that mistakes are not being made.

All out-of-pocket expenses, such as parking costs or highway tolls, should, of course, be supported by receipts because these are required by auditors for approval of such expenditures.

(4) Employee Records

All except new programs will already have Employee Record reports that are quite satisfactory. However, Appendix (G) does contain an example of such a record form in the event that one may be needed.

(5) Agency Referrals

As indicated many times in this manual, an essential element of a home-based child development program is that of referring families to local services needed and available. It is better for several reasons, in most cases, for the family to use an existing service than for the home visitor to try to provide the service personally. For example, families need to learn to use community services and facilities. Furthermore, these community services will no doubt be there for years, and decades, if not permanently; whereas the program that the home visitor is representing may be funded only temporarily.

Information for an Agency Referral Record and for reporting on these referrals can be accumulated from two sources in most cases: the Home Visit Reports and records and reports maintained by specialists that the program may employ on a full- or part-time basis. From a basic Agency Referral Record maintained, monthly or quarterly Program Referral Reports can be developed, as may be required or desirable.

APPENDIX (A)

EXAMPLE JOB DESCRIPTIONS

The job descriptions on the following pages were developed by the ARVAC Home Start Program in Dardanelle, Arkansas. You will note that in several cases Head Start shares staff members with the Home Start Program. Thus, certain center-related activities that are listed do not necessarily apply to Home Start functions. Also, certain job qualifications listed will depend on local considerations, training, and resources available, and so forth.

All position descriptions, however, should include a reference to the employer's being an Equal Opportunity Employer, and the need for a racial/ethnic balance reflecting the composition of the target neighborhood's population should be emphasized.

JOB DESCRIPTION

JOB TITLE: Head Start Child Development and Home Start Director

SALARY RANGE:

CLASSIFICATION:

STATEMENT OF THE JOB

Under the overall supervision of the Director of Program Operations, CAA, is responsible for implementing the ARVAC Head Start-Child Development and Home Start programs. Supervises the Central Head Start-Child Development team, and gives guidance to entire Head Start-Child Development and Home Start Programs.

DUTIES OF JOB

1. The Child Development Director is responsible for Interpreting the Head Start Manual of Policies and Instructions, and the Federal Inter-Agency Guidelines for Child Development Programs as applicable to the ARVAC Child Development.

2. Responsible for interpreting Home Start Guidelines and instructions as applicable to ARVAC's Home Start program.

3. Responsible for overall operation of the Home Start program and totally integrating Home Start with the Head Start program.

4. Responsible for recommending to the Director for Program Operations methods of coordinating, program evaluation, and career development training for the ARVAC Head Start-Child Development program. Responsible for implementation after procedures are established.

5. Responsible for performing on-site inspections and evaluations of all ARVAC Head Start-Child Development Centers.

6. Responsible for assisting and advising the Head Start-Child Development staff on technical assistance needed to all ARVAC Head Start-Child Development Centers.

7. Responsible for devising procedures to effectively coordinate career development training objectives in cooperation with the Director of Personnel and the Program Operations Director, according to established OCD Policy directives, Federal Inter-Agency Guidelines and ARVAC Personnel Policy Manual.

8. Meets with the Head Start Policy Council to explain and clarify policy directives and recommendations for Centers to meet standards for effective operations and meeting HEW established eligibility criteria.

9. Responsible for maintaining files and additional prescribed reporting procedures as required by HEW and Federal Inter-Agency policy directives and memorandums.

10. Responsible for reporting discrepancies and/or variations that would be detrimental to the successful operation of the Head Start-Child Development program, and offering suggestions or recommendations to off-set reported discrepancies to correct and improve program quality.

11. In cooperation with the Planning Development Program for ARVAC, is responsible for presenting alternatives to the Head Start Policy Council for formation and/or decision-making processes concerning Head Start-Child Development.

12. Responsible for furnishing pertinent facts and data for news releases and for performing general overall public relations concerning the Head Start-Child Development.

13. Serves as Head Start Career Development and Training Officer. Coordinates this aspect of Head Start programs with total agency Career Development and Training Plan.

JOB SPECIFICATIONS

Educational Requirements:	Masters Degree
Experience Requirements:	At least five years of work experience in Program Administration and Supervision.
Training:	General orientation of OEO and HEW programs; specialized training in Child Development and Family Living programs.
Resourcefulness:	Should have initiative, ability and know-how to motivate groups of people and to stimulate group action.
Responsibilities:	Should be able to assume supervisory responsibilities in Family and Child Development Programs and to perform liaison contact with other CAA's and non-CAA programs.
Personal Traits:	Should be able to work with people and have a dedicated interest in community development projects related to all areas of poverty.
Physical Demands:	Good general health and able to work long hours.

Head Start Child Development
and Home Start Director

Public Relations: Represent the agency in all activities related to the job title, and should be able to explain thoroughly the Head Start and Home Start programs, and other programs of the Agency affecting Child Development. Responsible for lending technical assistance for the creation of an acceptance of Child Development Programs in local communities. Should be aware of the current trends and philosophy of the Office of Child Development. Should be aware of other agencies funding preschool or day care projects.

JOB DESCRIPTION

JOB TITLE: Child Development Specialist
Assistant Head Start Director

SALARY RANGE:

CLASSIFICATION:

STATEMENT OF THE JOB

Under the supervision of the Child Development Director, serves as Child Development Specialist for Head Start and Home Start. Serves as Assistant Director for Head Start. Serves as supervisor of assigned Centers.

DUTIES OF JOB

1. Assists in providing training to local Center and Home Start employees in overall Child Development.

2. Is responsible for planning and providing direction to the educational program for enrollees in the Head Start and Home Start programs.

3. Is responsible for providing direction in purchasing and giving approval for the purchase of educational supplies and equipment.

4. Serves as a member of the central staff Head Start-Child Development team in overall coordination and planning for Child Development programs.

5. Responsible for assisting, planning, and presenting programs to parent groups as related to Child Development Programs.

6. Visit and work with each Center 20 days each year (other than Centers supervised). Determine if they need assistance in special areas such as art, music, etc.

7. Work in cooperation with public schools and other services in the area available to or related to present or future needs of young children.

8. Work with consultants and assist the Director in implementation of the Consultant's recommendations. Give follow-up services on these recommendations.

9. Prepare and submit an evaluation of the educational program for each visit made in a Center. This evaluation should carry with it recommendations for improvements.

10. Responsible for on-site visits to Home Start family homes. Responsible for assessment of educational component in Home Start and planning direction as result of assessment.

11. Assume the responsibility of giving overall direction to Head Start in the absence of the Head Start Director.

Child Development Specialist
Assistant Head Start Director

JOB SPECIFICATIONS

Educational Requirements:	At least a BS Degree with a major in Early Childhood Education, Child Development, Elementary Education, or Home Economics.
Experience Required:	At least two years' teaching experience, preferably in early childhood or family and child programs.
Training:	In-service training on HEW and related programs.
Personal Traits:	Must show a concern for the poor and be in sympathy with the concepts of the Head Start and Home Start programs.

JOB DESCRIPTION

JOB TITLE: Social Services Specialist
Assistant Home Start Director

SALARY RANGE:

CLASSIFICATION:

STATEMENT OF THE JOB

Under the supervision of the Head Start-Child Development Director, responsible for assisting local Head Start and Home Start staff to organize and coordinate with community resources available to Head Start and Home Start Programs. Direct supervision of two Head Start Centers. Responsible for supervisors of Home Start.

DUTIES OF JOB

1. Responsible for planning and giving recommendations for implementation of social services aspect of Head Start and Home Start related to both child and family.

2. Responsible for assisting the Head Start Center Committee of each local center in interpreting and carrying out their responsibilities.

3. Responsible for initiating licensing of the local center with the State Department of Welfare and coordinating licensing requirements with the central staff Head Start-Child Development team.

4. Responsible for working with the local centers and communities to meet the non-Federal share of the center budget. Responsible for assisting Supervisors of Home Start with organization of non-Federal share of Home Start budget.

5. Responsible for planning with Head Start Center Committee for yearly programs and parent education groups.

6. Responsible for home visits to Home Start families and on-site monitoring of Home Start program.

7. Assists Directors and Home Start Supervisors in implementing a good volunteer program for each center and Home Start program.

8. Prepares and submits center evaluation for each visit made in a center of volunteer and parent involvement program to Director of Child Development programs. The evaluation should carry with it recommendations for improvements.

9. Mobilize local resources available in the field of Social Services.

10. Serves as a member of the central Head Start and Home Start team in overall coordination and planning for Family and Child programs.

Social Services Specialist
Assistant Home Start Director

11. Assume the responsibility of giving overall direction to Home Start in the absence of the Head Start-Home Start Director.

JOB SPECIFICATIONS

Educational Requirements:	At least a Bachelor's Degree in social work, sociology, and/or psychology.
Experience Required:	Minimum of three years in comparable programs demonstrating competence in working with poverty families.
Personal Traits:	Must show a concern for the poor and be in sympathy with the concepts of the Home Start and Head Start Programs.

JOB DESCRIPTION

JOB TITLE: Medical Specialist

SALARY RANGE:

CLASSIFICATION:

STATEMENT OF THE JOB

Under the supervision of the Head Start-Child Development Director, is responsible for the planning and giving recommendations for implementation of the Health Program for Head Start and Home Start. Supervises assigned Centers.

DUTIES OF THE JOB

1. Responsible for development of total Health Program for Head Start and Home Start.

2. Responsible for follow-up needed in all areas of health.

3. Assist the Child Development Director in keeping each child's medical and dental records at the local level. At Central office level, keep control sheets, follow-up cards and all medical and dental records of Head Start and Home Start enrollees.

4. Responsible for referrals to: School for the Deaf, School for the Blind, Rehabilitation, Special Education, Mental Health, Medical Center, and Children's Hospital, etc.

5. Responsible for Health Education classes for staff and parents where needed.

6. Responsible for seeing that Health Cards are up-to-date for Center staff and volunteers.

7. Responsible for monitoring safety, fire prevention, and sanitation as it affects the health and well-being of the staff and children.

8. Consult with local doctors, dentists, and public health nurses, and inform them about the program and its purpose. Cooperate with all interested agencies in programming, evaluation, and information.

9. Serve as a member of the Central Staff Head Start-Home Start team in overall coordination and planning for Family and Child Development Programs.

10. Assist Health Review Team in setting up priorities in the use of health funds for medical follow-up.

11. Responsible for assisting in training for Home Start staff in the area of health.

JOB SPECIFICATIONS

Educational Requirements:	Must be a Registered Nurse.
Experience Requirements:	Must have at least five years actual work experience in nursing field. It is preferred that a part of this experience be in Public Health Nursing.
Training:	Seminars
Personal Traits:	Capable of mobilizing community resources, in health and related areas of work. Must be in sympathy with the Head Start and Home Start programs.

JOB DESCRIPTION

JOB TITLE: Nutritionist

SALARY RANGE:

CLASSIFICATION:

STATEMENT OF THE JOB

Under the supervision of the Head Start-Child Development Director, responsible for developing a Nutrition and Food Program, and giving recommendations for implementation of the food and nutrition program for Head Start and Home Start. Directly supervises assigned Centers.

DUTIES OF JOB

1. Responsible for planning of all meals and food supplements for the Head Start Centers according to U.S.D.A. requirements.

2. Provide technical assistance to the cooks in the Head Start-Child Development Centers in the areas of purchasing, preparation, and serving of foods. Also, assists in selection and purchasing of kitchen and housekeeping equipment.

3. Is responsible for coordination of nutrition programs with other agencies such as Public Health, Agricultural Extension Services, and local Home Economics Programs.

4. Develop lesson plans in the areas of nutrition and consumer education. Directs implementation of these plans with parents or parent groups in their home.

5. Prepares and submits evaluation of nutrition program for each visit made in a Center to the Assistant Head Start-Child Development Director, or a visit made to a family home to the Assistant Director for Home Start.

6. Mobilizes local resources available in the field of nutrition and consumer education.

7. Provides at least six (6) staff training sessions in nutrition and consumer education during the year.

8. Serves as a member of the central staff Head Start-Home Start team in overall coordination and planning for Family and Child Development Programs.

9. Responsible for central purchasing of food for most centers.

10. Responsible for central records for all food programs connected with the centers.

11. Responsible for planning meal and snack service

12. Responsible for making recommendations and training staff for meal service implementation.

13. Responsible for directing training of staff for nutrition component in Home Start.

JOB SPECIFICATIONS

Educational Requirements:	Must have at least a BS Degree in Home Economics.
Experience Requirements:	A minimum of two years in nutrition and food service. A background in food and nutrition institutional management is preferred. Relevant experience as a Home Economist or nutritionist in public health or welfare agencies, commercial agencies, hospital dietician, etc.
Training:	Short course in nutrition as related to Child Development Centers. Consultant assistance and training. In-service training on Head Start and related programs.
Personal Traits:	Must show a concern for the poor and be in sympathy with the concepts of the Head Start and Home Start programs.

JOB DESCRIPTION

JOB TITLE: Supervisor

SALARY RANGE:

CLASSIFICATION:

DUTIES OF JOB

1. Supervises four (4) Home Start Visitors.
2. Responsible for first line coordination with referral or potential referral agencies and services.
3. Responsible for implementation of agency objectives for Home Start Program.
4. Meets weekly and directs planning with Home Start Visitors.
5. Supervise One (1) Child Development Center with a maximum of 25 children.
6. Meets at least once a week with staff of Child Development for program planning.
7. Delegates day-to-day operation of local Child Development Center to the Assistant.
8. Responsible for maintaining or delegating maintenance of all records and reports needed for both programs.
9. Responsible for maintaining educational lending library to be used by Home Start Visitors.
10. Responsible for meeting with parents and parent groups.
11. Responsible for on-site visits to the homes of Home Start families for the purpose of monitoring and/or assistance to Home Start Visitors.

JOB SPECIFICATIONS

Educational Requirements:	Must have participated in at least four semesters of Head Start Supplemental Training.
Experience Required:	Must have at least five years experience as a Head Start Teacher and/or a Community Service Leader with ARVAC, Incorporated.
Training:	1. Head Start Supplemental Training. 2. Monthly In-Service Training. 3. Special Workshops for Home Start or Head Start

Supervisor

Resourcefulness:	Must be a planner, organizer, and a leader. Must be creative and imaginative.
Responsibility:	Must be able to supervise personnel. Must be able to plan and organize work for short or long periods of time. Must be able to handle the responsibility outlined in the work program.
Personal Traits:	Must be able to take supervision, be a listener, adaptable, emotionally stable. Must trust other people and be able to delegate responsibility to other staff.
Manual Skills:	Must be able to drive an automobile. Must be able to organize and file equipment and supplies. Should be mechanically inclined.
Supervision Available:	Will be supervised by the Assistant Director for Home Start.

JOB DESCRIPTION

JOB TITLE: Home Start Visitor

SALARY RANGE:

CLASSIFICATION:

DUTIES OF JOB

1. Meets one-half day weekly with the Supervisor to plan and coordinate Home Start Program.

2. Is responsible for spending a minimum of two (2) hours per week (except for weeks set aside for training and re-assessment) with each individual family enrolled in Home Start.

3. Is responsible for carrying out day-to-day activities of the work program as outlined by grantee agency.

4. Is constantly concerned and works to maintain community support for Home Start.

5. Participates in all training designed for Home Start staff.

6. Makes family referrals to other agencies and facilitates the referral process.

7. Keeps records of referrals, follow-up of referrals and other family records as deemed necessary for meeting program objectives.

8. Must be available on call by families at night and on weekends.

9. Must participate in occasional group activities of/or for parents.

10. Develops a developmental plan for each family, taking into consideration the individual needs of the family members.

11. Is responsible for assistance from supervisors and other agency personnel in an effort to better serve individual families.

JOB SPECIFICATIONS

Educational Requirements:	Must have participated in Head Start Supplemental Training courses previously offered by ARVAC or other CAP training.
Experience Required:	Must have been employed as a Community Service Aide or Head Start Teachers or Aide with ARVAC, Incorporated, for at least two (2) years.

Home Start Visitor

Training:	1. Head Start Supplemental Training. 2. Public Service Careers Training. 3. Monthly In-Service Training. 4. Special Workshops for Home Start or Head Start.
Responsibility:	Must be a responsible person. Must be able to handle confidential information, without sharing it inappropriately. Must be able to plan and organize her work. Must be able to work without constant supervision.
Personal Traits:	Must be a listener. Must be able to delegate responsibilities to other people. Must be mild natured, respected in the community, responsive, and an emotionally stable individual. Must be trustworthy. Must have an interest and concern for low income families. Must have an interest in children and their development. Must be able to adapt to a variety of situations and be able to work with other people on the behalf of clients.
Manual Skills:	Must be able to drive an automobile. Must be adept to assembling equipment and supplies.
Supervision Available:	A Supervisor with five (5) years of previous experience at working with children and/or low income families.

APPENDIX (B)

HOME START TRAINING RECORD FORM

TRAINING RECORD

NAME HOME PHONE NO.

HOME ADDRESS

PRESENT POSITION DATE EMPLOYED

PREVIOUS EXPERIENCE

SPECIAL AREAS OF INTEREST, HOBBIES, ETC.

SPECIAL SKILLS, TALENTS, AND ABILITIES

FORMAL EDUCATION ACQUIRED

SCHOOL	AREA OF STUDY	DATE	YEARS/DEGREES

INFORMAL EDUCATION ACQUIRED

4-H Meetings, Workshops, Extension Classes, Seminars, Sunday School Training, Etc.

SPONSORED BY	SUBJECTS	DATE	CERTIFICATES

CAREER DEVELOPMENT GOALS

HOME START TRAINING RECORD

PRE-SERVICE TRAINING	SUBJECTS	DATE	CREDIT GIVEN

IN-SERVICE TRAINING	SUBJECTS	DATE	CREDIT GIVEN

OTHER NOTATIONS, COMMENTS:

FORMAL EDUCATION

SCHOOL OR UNIVERSITY	COURSE	DATE	CREDIT GIVEN

INFORMAL EDUCATION

SPONSORED BY	DESCRIPTION	DATE	CREDIT GIVEN

APPENDIX (C)

PARENT EFFECTIVENESS TRAINING

PARENT EFFECTIVENESS TRAINING

Dr. Thomas Gordon, President of Effectiveness Training Associates, Pasadena, California, has found that most parents can learn in 6 hours to modify the way they talk to their children.

Concerned with the prevention of psychological problems in children and astonished by his own success with children as a clinical child psychologist, Dr. Gordon designed his Parent Effectiveness Training (P.E.T.) course in the early 1960's. The content of the course, based on an analysis of his own successful techniques in working with children, aims to teach parents these same techniques and thereby improve understanding and communication between them and their own children.

Roadblocks to Communication

According to Dr. Gordon, most parents use one of twelve ways of communicating with children, all of which are roadblocks to effective communication. This so-called "Dirty Dozen" includes the following familiar parental responses to the equally familiar example of "I'm having a terrible problem getting my homework done. It's so boring. I hate school. Everything is irrelevant and unrelated to what's going on today. I want to quit as soon as I'm old enough." Most parents, Dr. Gordon says, respond with messages such as:

1. "You must stay in school; I insist."	Ordering, directing, commanding
2. "If you don't finish school, you'll just be a bum without a job."	Warning, threatening
3. "You should be thankful, son, for the right to get an education."	Preaching
4. "Ken, there are some facts you've got to learn; high school dropouts earn 50 percent less than high school graduates."	Lecturing
5. "Take my advice, Ken, you should set up a schedule of two hours a night for homework."	Advising, offering solutions
6. "I think you're being rather immature and impulsive."	Negative evaluation, criticism
7. "Ken, you've always been such a fine student; you've got so much potential."	Positive evaluation, praise

8. "You're just rebelling against authority--going through a stage of asserting your own independence."	Psychoanalytic
9. "Go ahead, be a hippie. You're sounding like one of those lazy drug freaks."	Ridiculing; name-calling
10. "I had that problem myself when I was your age. You'll get over it. It's not that bad, really."	Reassuring
11. "Why do you feel that way? What are you doing up in your room? When did you start feeling this? Are you paying attention in class? Who is influencing you now?"	Probing; interrogating
12. "I'm not in the mood for that kind of talk. You think you've got problems; what about the kids in the ghetto? Why don't you burn down the school? When did you get to be an expert on education?"	Humor; diverting

In his P.E.T. classes, Dr. Gordon teaches parents to stop using these twelve destructive types of messages and substitute the communication skills of the professional counselor. Such skills include passive listening (or silence), "empathic grunts" (such as "mm hm," "I see," "Is that right,"), open-ended questions that invite the child to talk (such as "Oh, do you want to tell me about it?" or "What are your feelings about it?"), and active listening whereby the parent feeds back the essence of the child's message to the child and makes the child feel understood.

Particularly when active listening is practiced, children talk to their parents more; parents understand their children better; feelings such as anger, fear, and hurt are more easily dissipated; and children manage to solve their own problems more constructively.

Parent Effectiveness Training also includes ways that parents can modify their behavior toward their children when the children are behaving badly. "Effective parent-child relationships (as well as husband-wife, boss-subordinate, labor-management, business-partner-friend) must be relationships in which both get their needs met," says Dr. Gordon. "Your child does not have complete freedom to do whatever he would like to do -- nobody does. He will always engage in some unacceptable behaviors, such as leaving his clothes in the living room, leaving the screen door open, marking on the walls, tugging on you, playing the guitar too loud, etc."

"You Messages" versus "I Messages"

Most parents handle such situations ineffectively so that the child doesn't modify his behavior, the child's self-esteem is damaged, or the relationship is hurt or damaged. Almost all of the ways parents confront kids in these situations are "you messages."

Examples include: "You're bad."
"You're clumsy."
"You're careless."
"You've ruined my whole day."
"You're driving me crazy."
"You've ruined my digestion."
"You're driving me to an early grave."

Often such messages are worded to make the child feel that he is stupid. For example, parents may say "There are flies in the kitchen, so go shut the door," or "The TV's on too loud, so go turn down the volume."

In P.E.T., parents are taught to use "I messages" instead of "you messages" so that the child saves face, no damage is done to the relationship, and changes in behavior result. As an example, Dr. Gordon used the following situation.

EXAMPLE: If I were a guest in your home tonight and you noticed that I had my muddy shoes upon your couch and a little nail was sticking out of my heel, I would bet not one of you would send any of these messages to me:

"Take your feet off my couch this instant."
"If you don't take your feet off my couch, you'll never be asked back."
"Do unto others as you would have them do unto you."
"Where were you born, in a barn?"
"You're being terribly thoughtless."
"Why, you big slob."
"You're only showing me your deep hostility toward me."

Yet, these are the kinds of messages most parents send to their children every day.

Although "I messages" have a higher probability of influencing a child to change his behavior without hurting him or the parent-child relationship, sometimes even a good "I message" may not work. This results in a conflict of needs.

Win-Lose versus No-Lose Methods

Most parents habitually use only two out of three methods to resolve such conflicts, Dr. Gordon stated. In Method I, parents decide what the solution to a conflict will be; thus the parent wins, and the child loses. In Method II, the parent "gives in" and lets the child win. Both of these methods are "win-lose" methods. Gordon's alternative to these types of methods is what he calls Method III -- the "no-lose" method, or "participative decision-making." Using this method, a solution is worked out that is acceptable to both the parent and child. This means that neither experiences resentment; no one loses -- both win. There's no power struggle, no hurt feelings, and no maneuvering.

The P.E.T. credo for relationships with children focuses on mutual respect, friendship, love, and peace. The parent lets the child know that he values their relationship and will try to genuinely accept [illegible] child's needs and problems and help him to find solutions. However, when the child's behavior bothers the parent, the parent will tell him so, and trust that the child will recognize the parent's needs. Mutual respect for each other's needs and participation of children in a democratic way are key elements of the P.E.T. philosophy.

For further information on content and cost of P.E.T. program, contact Dr. Thomas Gordon, President, Effectiveness Training Associates, 110 S. Euclid Avenue, Pasadena, California 91101.

APPENDIX (D)

TRAINING FILMS

FILMS THAT MAY BE USEFUL IN HOME-BASED CHILD DEVELOPMENT PROGRAM TRAINING

Name of Film	Synopsis	Where Film Can Be Obtained
"Playing for Keeps" 20 min. - Color	This film describes the Florida Parent Education Program sponsored by the Institute for the Development of Human Resources.	Dr. Ira J. Gordon, Director IDHR 513 Weil Hall University of Florida Gainesville, Fla. 32601
"The RFD System" 15 min. - Color	This film describes the RFD (Rural Family Development) television-based adult education program developed under the sponsorship of the U.S. Office of Education. The program combines Home Visitors, TV, and group sessions, but focuses on the adult, rather than the child.	Mr. Boris Frank Rural Family Development P.O. Box 5421 Madison, Wis. 53702
"The Appalachia Pre-School Education Program" 7 min. - Color	This film describes the three-pronged early childhood program developed at AEL. The program merges weekly Home Visits with a daily 30-minute television series, "Around the Bend," and group session for children.	Product Diffusion Appalachia Ed. Lab P.O. Box 1348 Charleston, W. Va. 25325
"Learning and Growing and Learning" 20 min. - Color	This film describes the Toy Lending Library program sponsored by the Far West Laboratory for Educational Research, Berkeley, California.	Modern Talking Pictures (see address list)
"Good Times" 14 min. - Color	This film describes the New Approach Method (NAM) program, which includes a pre-school reading readiness and reading component.	Mr. Gregory Simms New Approach Method 194 Brunswick Ave. P.O. Box 1303 Trenton, N.J. 08618
"Palmour Street" 16 min. - Color	A film for training Head Start staff, this film shows the influence that parents have on the mental and emotional development of their children. It presents simple incidents taken from the day-to-day experiences of a Negro family: father, mother, and four young children--problems that are common in the daily lives of families everywhere.	Modern Talking Pictures (see address list)

Name of Film	Synopsis	Where Film Can Be Obtained
"Home Start" 35mm sould-slide-Color	Describes the objectives and services of the national Home Start program, shows typical activities including recruitment of families, health, education, social services, and other components, and suggests questions that should be explored before deciding whether to begin a home-based child development program.	Education & Development Corporation 1400 N. Uhle Street Arlington, Va. 22201 $23.50 includes 102 slides, cassette with narration, and shipping costs.
"Down One Hollow, Up Another" 17 min. - Color	This film illustrates a home-based program in rural Appalachia, that was in existence prior to being funded as an OCD Home Start Program. It provides a good example of how Home Visitors build trust with families, and gives an excellent description of parent-child-visitor involvement and interaction, and the kind of flexibility needed for a successful visit.	Ms. Gail Perry National Child Research Center 3209 Highland Pl., N.W. Washington, D.C. 20008
"A World of Playthings" 20 min. - Color	This film describes many ways of using household materials to create playthings and toys. Mrs. Mary Lewis, one of the OCD Home Start Regional Representatives, participated in the film-making activities.	Dr. Mary B. Lane 75 Asbury Terrace San Francisco, Calif. 94117 Rental Fee: $10.00
"Adventure in Learning" 18 min. - Color	This film shows several Montessori schools helping children learn.	Mr. George Chyka Montessori Films 4251 Summit Ridge Rd. Dallas, Texas 75216
"Look at Me" 30 min. - B/W	An aid in the prior-to-active-service, and in-service training of Head Start teachers, this film illustrates specific problems and difficulties faced by teachers of culturally disadvantaged children -- in this case children of Mexican-American migrant farm workers -- and follows the success of certain innovations and experimentation in Head Start teaching.	Modern Talking Pictures

Name of Film	Synopsis	Where Film Can Be Obtained
"Take a Running Start" 16 min. - Color	This film describes the Head Start program in Beckley, West Virginia. Here are children for whom bad roads, no facilities, no buses might have meant no Head Start. But the University of West Virginia at Beckley devised a program to bring Head Start into the homes of the hills. Twelve adults, who could meet health and home standards and find five children to teach, were trained by the University to conduct Head Start in their homes.	Modern Talking Pictures

ADDRESSES AND MANAGERS OF MODERN TALKING PICTURE SERVICE FILM LIBRARIES

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Mr. Thomas L. Gunter
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Mr. Max Austin
(704) 377-2574

Chicago, Illinois 60611
160 E. Grand Avenue
Mr. Hal Smith
(312) 467-6470

*Cincinnati, Ohio 45202
9 Garfield Place
Mr. Curtis Hensley
(513) 421-2516

*Cleveland, Ohio 44115
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Mrs. Helen Bertsch
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Mr. Harry Sanford
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Mrs. Roa K. Birch
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(202) 659-9234

CANADA

Don Mills (Metro Toronto) 405 Ontario
1875 Leslie Street
Mrs. Lottie Wilson
(416) 444-7347

Montreal 125 Quebec
485 McGill Street
Mr. Brian Buckley
(514) 878-3644

SHIPMENTS OF FILMS AND MERCHANDISE FROM THE U.S. MUST HAVE PROPER CUSTOMS DOCUMENTATION, OR THEY WILL BE RETURNED TO SENDER.

APPENDIX (E)

HOME START FACT SHEET

APPENDIX (E)

HOME START FACT SHEET

PURPOSE OF PROGRAM: Within the Office of Child Development (OCD), Project Head Start began the development during Fiscal Year 1972 of Home Start, a demonstration program for disadvantaged preschool children and their families. Home Start is a home-based program demonstrating alternative ways of providing Head Start-type comprehensive services for young children in their homes. Home Start focuses on enhancing the quality of children's lives by building upon existing family strengths and assisting parents in their role as the first and most important educators of their own children.

Funds have been allocated from OCD to the ten (Department of Health, Education, and Welfare) OCD Regional Offices to develop a total of 16 Home Start programs serving approximately 2,500 children. Fifteen of the programs began operation in March and April, 1972, and the sixteenth began operation in December, 1972.

HISTORY OF PROGRAM: The Home Start idea is not new; in recent years, at least 200 programs like Home Start have been created throughout the country. However, few have had the size (minimum of 80 families) and comprehensiveness (all Head Start service components) of OCD's demonstration Home Start, and few have been systematically evaluated.

GOALS: Nationally, the Home Start program has four major goals: (1) to involve parents directly in the educational development of their children; (2) to help strengthen in parents their capacity for facilitating the general development of their own children; (3) to demonstrate and evaluate methods of delivering comprehensive child development services to children and parents (or to substitute parents) for whom a center-based program is not feasible; and (4) to determine the relative costs and benefits of center- and home-based, comprehensive early childhood development programs, especially in areas where both types of programs are feasible.

Home Start is a Head Start demonstration program. Therefore, Home Start programs are usually adjuncts of existing Head Start programs and serve additional children in the same age range (3-5) and economic categories as children currently served in established Head Start programs.

COMPREHENSIVE SERVICES: Home Start programs identify and use existing community resources and services, as needed, to provide educational, parent involvement, social, and health (including medical, dental, mental health, nutrition and safety) services for children and their families. The program helps parents enhance the total development (including cognitive, language, social, emotional, and physical) of all their children. Programs are as flexible as possible and consider the needs of each locale served by taking into account local ethnic, cultural, and language characteristics.

PARENT PROGRAM: One of the major focuses of the Home Start concept is the idea that the parent is the first and most influential educator and "enabler" of his or her own children. While Head Start aims at involving parents as one means of helping the child, Home Start aims at involving parents as the major means of helping the children. Families, of course, volunteer for participation in Home Start. A variety of approaches helps implement the total Home Start program, including home visitors, television, and parent meetings.

THE 16 DEMONSTRATION SITES: Locations for the demonstration programs were nominated by the Regional and Headquarters OCD offices, following publication of the Home Start Guidelines in November and December, 1971. The programs include at least one from each of the ten HEW Regions and are located in Gloucester, Massachusetts; Binghamton, New York; Parkersburg, West Virginia; Franklin, North Carolina; Huntsville, Alabama; Harrogate, Tennessee; Cleveland, Ohio; Fort Defiance, Arizona (serving Indian families); Houston, Texas; Dardanelle, Arkansas; Wichita, Kansas; Logan, Utah; Reno, Nevada; San Diego, California; Fairbanks, Alaska; and Laredo, Texas (serving Migrant families).

TRAINING: Each program has a local staff training plan and representatives from all programs meet periodically to exchange ideas and receive assistance from one another and from consultants in planning and operating their program and in training their staff. Each program is also receiving assistance and support from OCD Headquarters and Regional offices throughout the demonstration period.

HOME VISITORS: All programs rely principally on home visitors for working with parents. Home visitors are generally paraprofessional women who live near the families they serve. Most are mothers themselves, and are familiar with the community and its resources. Each home visitor vists approximately 8-15 families on a weekly basis, bringing materials and ideas into the homes. In most cases, the home visitor is a sympathetic listener, a helper, adviser and friend to the entire family being served.

Some of the things she does are mainly for the purpose of gaining the confidence and cooperation, as well as friendship, of the parents. Others are more directly related to building parents' knowledge and skills. On any particular visit, the home visitor may introduce a toy, book, or creative experience that will involve the parent in a developmental experience with the child; help the mother make homemade developmental toys improvised from household items; talk with the mother about each child and what she is doing to further his or her development; or introduce activities that encourage older children to work with and help their younger brothers and sisters.

EVALUATION: The OCD Project Officer for Evaluation is Dr. Esther Kresh. The evaluation contractors are High/Scope (Ypsilanti, Michigan), Abt Associates (Cambridge, Massachusetts) and Development Associates (Washington, D.C.). The evaluation will be both formative and summative, to provide information on the process of developing and carrying out each of the Home Start programs and the overall effectiveness of the programs.

FUTURE OF HOME START: No additional new Home Start demonstration programs will be funded by OCD. However, through the OCD Regional offices, as part of the Head Start Improvement and Innovation (I&I) effort, OCD is developing a means of working with local Head Start programs interested in the Home Start concept.

The future of Home Start will lie with Head Start and other programs which, after observing the development and effects of Home Start, decide to convert part of their existing operation into Home Start components to serve some of their children and families. Thus, the demonstration is intended to provide a solid knowledge base which may be used or adapted by programs concerned with providing child development services.

FOR MORE INFORMATION: The national Director for Home Start is Dr. (Ruth) Ann O'Keefe. She can be reached at the Office of Child Development, P.O. Box 1182, Washington, D.C. 20013. Phone: (202) 755-4523. [See Appendix (F) for a list of Regional Office Representatives.]

APPENDIX (F)

HOME START PROGRAM DIRECTOR/COORDINATORS
AND
HOME START REGIONAL REPRESENTATIVES

Home Start Program Directors/Coordinators

REGION

I Ms. Elizabeth Stressenger
Director, Home Start
3 Center Street
Gloucester, Massachusetts 01930
(617) 283-2008

II Mr. Louis Conn
Executive Director
Project Home Start
30 Fayette Street
Binghamton, New York 13901
(607) 722-5304

III Mrs. Susie Bradley
Coordinator, Home Start
West Central, West Virginia CAA
1019 Murdoch Avenue
Parkersburg, West Virginia 26101
(304) 485-4455

IV Ms. Esther Cunningham
Director, Home Start
Macon Program for Progress
50 East Main Street
Franklin, North Carolina 28734
(704) 524-4471

Dr. Frank Skinnell
Executive Director, Home Start
Clinch-Powell Educational Cooperative
Harrogate, Tennessee 37752
(615) 869-3605

Dr. Kyo Jhin
Home Start Director
TARCOG Human Resources Program
2603-C Leeman Ferry Road, S.W.
Huntsville, Alabama 35801
(205) 533-5955

V Ms. Dell Graham
Project Director, Home Start
Division of Day Care and Child Development of the Center for Human Services
2084 Cornell Road
Cleveland, Ohio 44113
(216) 421-7880

VI Mrs. JoAnn Braddy
Head Start/Home Start Director
ARVAC, Inc.
P.O. Box 248
103 - 1/2 Locust Street
Dardanelle, Arkansas 72834
(501) 229-4860

Ms. Ella Guidry
Home Start Program Coordinator
Harris County CAA
6300 Bowling Green Street
Houston, Texas 77021
(713) 748-4410

VII Ms. Laura Daniel
Home Start Director
2120 North Broadway
Wichita, Kansas 67214
(316) 267-1045

VIII Mrs. Sheri Noble
Head Start/Home Start Director
67 South Main Street
Millville, Utah 84326
(801) 753-0951

IX Mr. Jack Peters
Acting Director, Home Start
Economic Opportunity Board of Washoe County, P.O. Box B
5045 Alpha Avenue (STEAD Facilities)
Reno, Nevada 69506
(702) 972-1601

Dr. Allana Elovson
Home Start Coordinator
3955 - 4th Avenue
San Diego, California 92103
(714) 298-0580 or 0589

X Ms. Westeen Holmes
Head Start/Home Start Director
Greater Fairbanks Head Start Association, Incorporated
Box 724
Fairbanks, Alaska 99701
(907) 353-4144

Indians

Ms. Elsie Earl
Home Start Coordinator
Office of Navajo Economic Oppor.
Box 589
Fort Defiance, Arizona 86504
(602) 729-5360

Migrants

Ms. Estella Aguilar
Home Start Supervisor
Texas Migrant Council
Route 1, Box 454
Weslaco, Texas 78596
(512) 968-8613

Home Start Regional Representatives

Region	Regional Program Director (RPD)	Home Start Representative	Regional States
I	Mr. Roy G. Fleischer	Mr. John Gomes Office of Child Development Department of HEW John Fitzgerald Kennedy Federal Building Government Center Boston, Massachusetts 02203 (617) 223-6450	Connecticut Maine Massachusetts New Hampshire Rhode Island Vermont
II	Mr. Josue Diaz	Ms. Lillian Alexander Office of Child Development Department of HEW Federal Building 26 Federal Plaza New York, New York 10007 (212) 264-4437	New Jersey New York Puerto Rico Virgin Islands
III	Mr. Fred Digby	Mr. Larry Savitsky Office of Child Development Department of HEW P.O. Box 13716 - Room 5117 3521 - 35 Market Street Philadelphia, Pennsylvania 19108 (215) 597-6766	Delaware District of Columbia Maryland Pennsylvania Virginia West Virginia
IV	Mr. John J. Mouton (Acting)	Mr. James Shelton Office of Child Development Department of HEW Peachtree - Seventh Building 50 - Seventh Street, N.W., Rm. 359 Atlanta, Georgia 30323 (404) 526-3966	Alabama Florida Georgia Kentucky Mississippi North Carolina South Carolina Tennessee
V	Mr. Hilton Baines	Mr. John P. Wyatt Office of Child Development Department of HEW 300 South Wacker Drive 29th Floor Chicago, Illinois 60606 (312) 353-4720	Illinois Indiana Michigan Minnesota Ohio Wisconsin

Region	Regional Program Director (RPD)	Home Start Representative	Regional States
VI	Mr. Roger L. Ranney (Acting)	Mrs. Margaret Emswiler Office of Child Development Department of HEW 1507 Pacific, Room 910 Dallas, Texas 75201 (214) 749-2121	Arkansas Louisiana New Mexico Oklahoma Texas
VII	Dr. Kenton Williams	Mr. Frank Magana Office of Child Development Department of HEW Federal Office Building 601 - 12th Street Kansas City, Missouri 64106 (816) 374-5401	Iowa Kansas Missouri Nebraska
VIII	Mr. John Garcia	Mr. Jack Warner Office of Child Development Department of HEW 19th and Stout Streets Denver, Colorado 80202 (303) 837-3107	Colorado Montana North Dakota South Dakota Utah Wyoming
IX	Mr. Samuel E. Miller	Mrs. Mary Lewis Office of Child Development Department of HEW Federal Office Building 50 Fulton Street, Room 102 San Francisco, Calif. 94102 (415) 556-0403	Arizona California Guam Hawaii Nevada
X	Mr. J.B. Yutzy	Mr. Don Yearout Office of Child Development Department of HEW 1321 Second Avenue, Room 6032 Arcade Plaza Building Seattle, Washington 98101 (206) 442-0482	Alaska Idaho Oregon Washington
XI	Mr. Dominic Mastrapasqua	Mr. Ernesto Guerra Office of Child Development P.O. Box 1182 Washington, D.C. 20013 (202) 755-7715	Indian Programs
	Mr. Dominic Mastrapasqua	Mr. Ernesto Guerra Mr. Hank Aguirre Office of Child Development P.O. Box 1182 Washington, D.C. 20013 (202) 755-7735	Migrant Programs

APPENDIX (G)

EXAMPLE RECORD AND REPORT FORMS

Family Information Record
Home Visit Record
Home Visitor Time and Expense Report
Employee Record
Family Referral Worksheet (Quarterly)
Program Referral Report (Quarterly)
Agency Referral Record

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☐ active; ☐ terminated; ☐ reinstated

FAMILY INFORMATION RECORD

HOME START AGENCY ____________ STAFF CENTER ____________

DATE OF APPLICATION ____________ (Month/Day/Year) DATE OF ENROLLMENT ____________ (Month/Day/Year)

NAME OF FOCAL PARENT ____________ Last ____________ Middle ____________ First

ADDRESS ____________ PHONE ____________

CONTACT IN CASE OF EMERGENCY ____________

B. FOCAL CHILDREN (& Others Under 18 Years of Age)

Name of Focal Child #1 ____________ Date of Birth ____________

☐ Male
☐ Female

Special Problems: Indicate Whether This Child Has Any of the Following Problems

☐ Vision Problems
☐ Other Physical Disabilities
☐ Emotionally Disturbed
☐ Speech & Hearing Defects
☐ Mental Retardation

Name of Focal Child #2 ____________ Date of Birth ____________

☐ Male
☐ Female

Special Problems: Indicate Whether This Child Has Any of the Following Problems

☐ Vision Problems
☐ Other Physical Disabilities
☐ Emotionally Disturbed
☐ Speech & Hearing Defects
☐ Mental Retardation

Ethnicity of Focal Children: (check one)

☐ Mexican-American
☐ Puerto Rican
☐ Other Caucasian
☐ Black
☐ American Indian
☐ Native Alaskan
☐ Polynesian
☐ Oriental
☐ Other

List the Names and Birth Dates of Other Children Under 18 Living in Household:

Name of Child ____________ Date of Birth ____________
Name of Child ____________ Date of Birth ____________
Name of Child ____________ Date of Birth ____________
Name of Child ____________ Date of Birth ____________
Name of Child ____________ Date of Birth ____________

Use Final Page to List Other Children in Household

C. FOCAL PARENT/GUARDIAN (if more than one Focal Parent/Guardian also complete C.1)

Date of Birth of Focal Parent/Guardian ______________________

Relationship of Focal Parent/Guardian to Home Start Child:

☐ Mother   Father   ☐ Other

Highest Grade of School Completed:

☐ No School	☐ High School Graduate	☐ Associate Degree(s)
☐ 1 through 8 yrs.	☐ Some College, Business, or Vocational Education Beyond High School	☐ College Graduate
☐ 9 through 12 yrs.		

Indicate Whether the Focal Parent Is:

☐ Employed	☐ In School or Training
☐ Unemployed	☐ Not Known

C.1 SECOND FOCAL PARENT/GUARDIAN (complete this section only if more than one parent is considered a Focal Parent/Guardian and is participating in Home Start activities)

Name of Other Focal Parent/Guardian ______________________
Last   Middle   First

Date of Birth ______________________

Relationship of Focal Parent/Guardian to Home Start Child:

☐ Mother   ☐ Father   ☐ Other

Highest Grade of School Completed:

☐ No School	☐ High School Graduate	☐ Associate Degree(s)
☐ 1 through 8 yrs.	☐ Some College, Business, or Vocational Education Beyond High School	☐ College Graduate
☐ 9 through 12 yrs.		

Indicate Whether the Focal Parent Is:

☐ Employed	☐ In School or Training
☐ Unemployed	☐ Not Known

D. HOME START FAMILY

Check if Family is a One-Parent Family ☐

Indicate Whether One or More Parent is Employed: ☐ Yes ☐ No
☐ Regular Work ☐ Part-Time Work ☐ Seasonal Work
☐ Farm ☐ Non-Farm

What Was Total Family Income Last Year:

☐ Under $2000
☐ $2001-$4000
☐ $4001-$6000
☐ $ 6,001-$ 8,000
☐ $ 8,001-$10,000
☐ $10,001-$12,000

Total Number of Members in Household ________

Language Most Often Spoken in the Home ________________________

Is the Family Currently Participating in Other Federally Sponsored Programs? (Check if Appropriate)

☐ Summer Head Start
☐ Full Year Head Start
☐ Other Pre-School Program
☐ Neighborhood Youth Corps (NYC)
☐ Job Corps
☐ Upward Bound
☐ Public Housing Project
☐ Medicaid
☐ Welfare (AFDC)
☐ Food Stamps
☐ Federal Surplus Commodities
☐ Other (specify) ________
☐ Work Incentive Program (WIN)
☐ Concentrated Employment Pro. (CEP)
☐ Followthrough
☐ Hi. School Equiv. Program (HEP)

E. PARENT PARTICIPATION

Indicate Household Members Who:

	Mother/ Guardian	Father/ Guardian	Other	Total
Take part in Home Start Board of Directors and/or Advisory Council				
Take part in Home Start activities other than Home Visits				
Take part in other community groups (specify) ________________ ________________				

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F. TERMINATIONS

Date of Termination ____________________

Date of Reinstatement ____________________

Date of Termination ____________________
(after reinstatement)

How Long Was This Family Enrolled in the Home Start Program Before Termination?

- ☐ Less than 6 months
- ☐ 7 to 12 months
- ☐ 12 months to 18 months
- ☐ 19 months to 2 years

What Was The Reason for Termination?

- ☐ moving from service area
- ☐ parent employment
- ☐ dissatisfaction with program
- ☐ child entering kindergarten or 1st grade
- ☐ illness (self or in family)
- ☐ lack of interest
- ☐ family income above level of eligibility
- ☐ language barrier
- ☐ other (specify) ____________

HOME VISIT REPORT

Date of Visit ____________

Home Visitor ______________________ Time ________ To ________

Name, target child, age ______ Other children's ages ____________

1. Materials taken: ______________________________

(Materials starred are the materials left in the home for the week.)

2. Objectives/plans for this visit:

3. People present during visit: ______________________________

4. Factors affecting accomplishment of the plans/objectives ____________

5. Progress made ______________________________

6. Problems identified ______________________________

7. Objectives/plans to be included for next visit ____________

(If more space is needed, continue on other side. Be sure to identify continuations by item numbers.)

HOME VISITOR TIME AND EXPENSE REPORT

I certify that the information contained hereon is accurate.

SIGNATURE: ____________________

DATE	TRAVELLED FROM	ODOMETER READING	TRAVELLED TO	ODOMETER READING	PURPOSE OF TRAVEL	NET MILES	AMOUNT DUE AT ¢ PER MILE

(Use additional sheets if needed) TOTAL MILEAGE EXPENSE: $__________

TOTAL:

MISCELLANEOUS EXPENSES

Item	Amount	Item	Amount	Item	Amount

TOTAL MISCELLANEOUS EXPENSE: $__________

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EMPLOYEE RECORD

Home Start Agency ____________ Staff Center ____________

A. EMPLOYEE DATA

NAME ____________
Last First Middle

ADDRESS ____________

____

CHANGE OF ADDRESS ____________

SOCIAL SECURITY NUMBER ____________ ☐ Part-Time ☐ Full-Time

B. CHARACTERISTICS

Ethnicity: (Check One)

☐ Mexican-American
☐ Puerto Rican
☐ Other Caucasian
☐ Black
☐ American Indian
☐ Native Alaskan
☐ Polynesian
☐ Oriental
☐ Other

☐ Male ☐ Female

Previous Experience with Preschool Education or Home Visit Type Program Yes ☐
No ☐

Do you have any children? ☐ Yes ☐ No If "Yes" List Ages of Children ____________

C. STAFF CHANGES

Date of Application ____________ Date of Employment ____________

Job Title/Position ____________

Date of Termination ____________ Months Employed ____________

Reason for Termination:

☐ moving from area
☐ dissatisfaction with program
☐ dismissal
☐ illness (self or in family)
☐ childbirth
☐ other

Date of Reinstatement ____________ Job Title/Position ____________

(continued on next page)

Employee Record
Page 2

Date of Termination (after reinstatement) ____________________

Months Employed ____________

Reasons for Termination:

☐ moving from area
☐ dissatisfaction with program
☐ dismissal
☐ illness (self or in family)
☐ childbirth
☐ other

Employee Advancement

job title	annual salary	fringe benefits yr.	hours/ week	hourly wage	full-time	part-time	date

D. EDUCATIONAL PROFILE

☐ less than 12 years
☐ high school graduate
☐ some college
☐ associate arts degree
☐ college graduate
☐ advanced degree
☐ continuing education

If Enrolled in Continuing Education, Indicate Below The Type of Training or Course Work

____

____

____

If Holding a Degree Indicate Field of Major, University Granting Degree and Date Degree was Obtained (FOR OFFICE PURPOSES ONLY)

____

____

____

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FAMILY REFERRALS WORKSHEET

(Quarterly)

Family Name______________________________ Home Start Agency__________________________

Staff Contact____________________________ Staff Center________________________________

Month Ending______________________________
(month/day/year)

REFERRALS (Record each referral as made)

	FAMILY GROUP	TYPE OF SERVICE	AGENCY	DATE REFERRED	DATE SERVICE RECEIVED
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					

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PROGRAM REFERRAL REPORT
(Quarterly)

Last Day of Quarterly Reporting Period ____________ Home Start Agency ____________

REFERRAL SERVICES SUMMARIES
(# of Referrals from All Service Centers)

QUARTERLY PERIOD	Focal Children		Parents		Other		Total Family	
	Ref.	Recd.	Ref.	Recd.	Ref.	Recd.	Ref.	Recd.
Health*								
Nutrition								
Psych./Social Services								
Education								
SUBTOTAL								

* **HEALTH SERVICES SUMMARY**

QUARTERLY PERIOD	Focal Children		Parents		Other		Total Family	
	Ref.	Recd.	Ref.	Recd.	Ref.	Recd.	Ref.	Recd.
Physical Examinations: General								
Eye								
Hearing								
Dental								
Lab Tests								
Prevention/Care: Immunizations								
Treatment, Medical								
Treatment, Dental								

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AGENCY REFERRALS

Record names of all agencies to which any family was referred this period; please total the number of referrals made and services received for each agency listed.

	Total This Period	
Agency Name	# Referrals	# Services Received
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
TOTAL		

Name of Person Preparing Report	Telephone (Area Code)	Date

. APPENDIX (H)

OFFICE OF CHILD DEVELOPMENT
NOTICE ON PROGRAM OPTIONS FOR HEAD START
(OCD NOTICE N-30-334-1, DATED 8/21/73).

WHAT WE ARE SENDING

OCD Notice N-30-334-1 on Program Options for Project Head Start.

MANUAL MATERIAL TO BE REVISED

Head Start Policy Manual, dated September 1967, Part A, Section 4, Subparagraphs 4, 5, and 6, p.2; and Section 6b, p.4; Part B, Section 1 a(1), p.7; Part C, Section 2a, p.36.

WHAT YOU SHOULD DO

Cross-reference this issuance with noted portions of the manual. File attached materials in looseleaf notebook.

BACKGROUND

From its inception in 1965, Head Start has sought to provide comprehensive developmental services for children from low-income families. In carrying out this policy, Head Start has traditionally provided all children with essentially the same five-day-week, classroom-based developmental program. This approach has been successful in many important respects.

However, Head Start experience has shown that the needs of children vary considerably from community to community and that to serve these needs most effectively programs should be individualized. In addition, experience to date suggests that, when Head Start programs are designed in ways that take into account community resources and the capabilities of the local staff, a program can often be mounted that will improve services for children within present funding levels.

Therefore, Project Head Start will, subject to the provisions of this issuance, permit and encourage local Head Start programs to develop and implement variations on the standard Head Start model.

CHAPTER N-30-334-1
OFFICE OF CHILD DEVELOPMENT NOTICE
PROGRAM OPTIONS

N-30-334-1-00 Purpose
10 Scope
20 Policy

N-30-334-1-00 PURPOSE

This chapter sets forth the policy governing the development and implementation of variations in program design by local Head Start programs.

N-30-334-1-10 SCOPE

This policy applies to all Head Start grantees and delegate agencies that operate or propose to operate a full year program which provides a set of services to the same child or the same group of children for less than six hours a day. The policy will be applied to all applications submitted by such grantees or delegate agencies on or after April 1, 1973.

N-30-334-1-20 POLICY

A. General Provision

Beginning in the fourth quarter of FY 1973 (April 1973), Head Start programs will be permitted and encouraged to consider several program models in addition to the standard Head Start model and select the program option best suited to the needs of the children served and the capabilities and resources of the program staff. The program options that are to be available for local selection are as follows:

- the standard Head Start model
- variations in center attendance
- double sessions
- home-based models
- locally designed variations

(N-30-334-1 Continued)

In principle, the Office of Child Development will support any option or design model provided a community can demonstrate in an acceptable proposal that it will result in a quality child development program at reasonable cost and meet Head Start guidelines. Any program option proposed must demonstrate that it meets each of the following conditions:

1. All policies stated in the Head Start Manual for Head Start components must be adhered to, with the exception of those points detailed in the descriptions of each of the options under Special Provisions. This policy is not to be interpreted in any way which would lessen the force of the present Head Start policy which states that, "Programs in which enrollment does not reflect the racial or ethnic composition of disadvantaged families in the area may not be funded ..." (Head Start Manual 6108-1, page 8).

2. The design and selection of program options is to be based on an assessment of the child development needs and resources of the broader community as well as the needs of the current enrollees and their families.

3. The assignment of children to programs is to be determined by assessing such factors as age or developmental level, family situation, handicaps, health or learning problems, and previous school experience. Discussion with all parents about specific needs of their children and how best to meet those needs must be a priority in such an assessment.

4. Proposed options must be justified as consistent with good developmental practices.

5. All parents whose children participate in any option must be represented in their parent-group organizations in accordance with the revised parent involvement guidelines of the Head Start Policy Manual of August 10, 1970.

6. Program options must receive the approval of the Head Start Policy Council prior to submission to OCD.

7. There must be a specific training plan for staff and volunteers for any option chosen. It should address itself to the requirements and goals of the specific program variations being implemented.

8. The number of hours spent in the Head Start center will vary depending on the option chosen. In all cases, the center activities are to maximize opportunities for meeting the child's developmental needs.

9. The application must demonstrate the ability to conduct the program option within the limits of the current funding level unless funds are added to the program from other sources. However, some options may enable programs to serve more children within the same funding level. Careful planning and analysis will be necessary to determine the total cost associated with serving additional children. In such planning, the following areas should be considered:

a. Additional medical-dental costs

b. Increased costs due to separate scheduling and operating practices in the area of pupil and staff transportation

c. Additional staff for home visits and similar supportive activities

d. Need for additional recruitment effort

e. Increased insurance costs

f. Additions to parent activity funds

B. SPECIAL PROVISIONS

1. The Standard Head Start Model

Continuation of the present five-day-per-week, center-based classroom format will be optional. Communities electing to continue this format are free to do so provided that they demonstrate through a careful assessment of their needs and capabilities that continuing the present program is in the best interests of the individual children and families served. If this assessment indicates that the present format is not adequately meeting local needs, the program is to consider whether these needs could be met more effectively by one or more of the other options.

2. Variations in Center Attendance

a. Head Start programs may elect to serve some or all children on a less than five-day-per-week basis. All children who attend Head Start on a partial basis must receive the same comprehensive developmental services as children attending the 5-day session, except as otherwise indicated. Shortened hours in the classroom may be supplemented by a parent education program or another option which would assist parents in developing their role as the first and most influential educators of their own children.

In planning for less than a five-day-week classroom schedule, careful consideration must be given to the underlying reasons for the attendance variations. Program planning must specifically address the following questions:

(1) What are the developmental needs of the child? Can they be met as effectively or more effectively by less than a five-day schedule?

(2) What are the needs and desires of the family? Would adjustment factors dictate consecutive-days attendance as opposed to, say, an every-other-day schedule?

(3) How does the curriculum plan fit the age and developmental needs of the children? Does the plan take into account differing needs of children of different ages, and varying needs of the same child over time?

(4) What kind of staffing pattern is required to obtain the program objectives?

b. In all situations where the children are in the center less than five days a week, the program must specify how they will receive comprehensive services. The following examples are illustrative of what this requires.

(1) One-third to one-half of the child's daily nutritional needs must be met each day he attends the center. Parents must, on request, be provided with simple, economical weekly menus and counseling on budgeting, food preparation and sanitation, as well as on how to involve children in food-related activities in the home.

(2) Provisions for complete medical and dental services must be made for all children in accordance with Head Start policies.

(3) Staff-family interaction, as central to the Head Start concept, must be included in any variation plan. Varied scheduling is to provide staff with new and additional opportunities for such interaction.

(N-30-334-1 Continued)

c. Staff utilization should contribute noticeably to program quality by maximizing staff talent, potential and expertise. Staff training goals must be identified and a training plan devised which will facilitate the implementation of the option. Such training should enable the staff to incorporate curriculum modifications necessary to accommodate the shorter week and to allow for the developmental differences between three-year-olds and five-year-olds.

d. Several attendance variation models are possible in planning the delivery of Head Start services. Attendance schedules must be devised for the children in accordance with their assessed needs. Proposals must describe the methods by which children are assigned to their schedules. The following examples indicate possible scheduling variations. The list is not meant to be exhaustive.

(1) The four-day-week schedule provides four days for center-based activities plus an additional day for center staff to perform special activities, such as:

- in-service training for staff, parents and volunteers
- special experiences for children
- home visits
- two days in small groups in homes with parent training by the staff

(2) Split-session schedules

- two regularly enrolled groups, each meeting two days per week, with the fifth day set aside for such things as in-service training or working with small groups of parents or children with special needs.

3. Double Sessions

Head Start programs are permitted to operate double sessions as an option. In no case shall the addition of other children result in fewer services for children currently in the program. A program shall not be required, nor shall it be permitted, to conduct double sessions solely as a cost-saving device. In addition to the policies which apply to full-year, part-day program, the following conditions must be met when the double sessions option is utilized:

a. Provisions must be made for a one-hour break between double-session classes when a single teaching staff conducts both halves of a double session. In addition, at least thirty minutes must be allotted prior to each session -- whether or not a different teaching staff is used -- to prepare for the session and set up the classroom environment, as well as to give individual attention to children entering and leaving the center. In some instances where schools serve as center sites, variations in scheduling double sessions may have to be considered.

b. The scheduling of children to attend morning or afternoon sessions must attempt to meet individual children's needs such as receptivity, necessity for naps, and other factors that might prevent full program benefit to some children.

c. Adequate time for staff consultation, planning (staff must plan for each session to meet the needs of particular children enrolled), in-service training and career development must be provided during the working schedule. In some cases, this can only be achieved by a variation in center attendance (e.g., a four-day-week for children).

d. Staff teaching both halves of a double session are not to have the primary responsibility for home visits unless some provision is made for substitute staff. In such cases, special provisions must be made for home visits.

e. Provisions must be made for an increase in supportive personnel and services in relation to the anticipated requirements of additional children and their families.

f. Provisions must be made for custodial services between sessions, including the cleaning of indoor and outdoor spaces.

g. Provisions must be made to maintain high food quality for both sessions. All children should have an opportunity to join in cooking and other food-related activities, preferably with the participation of the cook-manager.

4. Home-Based Models

Head Start grantees may elect to develop and incorporate a home-based model into their current program. Such models would focus on the parent as the primary factor in the child's development and the home as the central facility. These models may be designed along the lines of the Home Start demonstration programs initiated in fifteen communities in FY 1972 or on a model developed by the local community. The following conditions must be met by these grantees in implementing their programs:

a. Comprehensive Services

The same kinds of services which are available to children served in a center-based Head Start program will be available to children served by a home-based program. As in center-based programs, the home-based program must make every possible effort to identify, coordinate, integrate and utilize existing community resources and services (public, reduced-fee, or no-fee) in providing nutritional, health, social and psychological services for its children and their families.

(1) Nutrition

In home-based programs, whenever feasible children should receive the same nutrition services as in center-based programs with priority emphasis on nutrition education aimed at helping parents learn to make the best use of existing food resources through food planning, buying and cooking. If periodic, regular or incidental group sessions for children are held, every effort should be made to prepare and serve a nutritious snack or meal. When food is not available to a family, the home-based program must make every effort to put the family in touch with whatever community organization can help supply food. In addition, parents should be informed of all available family assistance programs and should be encouraged to participate in them.

Nutrition education must recognize cultural variations in food preferences and supplement and build upon these preferences rather than attempt to replace them. Thus, food items that are a regular part of a family's diet will be a major focal point of nutrition education.

(2) Health

Every effort must be made to provide health services through existing resources. Children in home-based programs are to receive the same health services as children in center-based programs.

As with the standard Head Start program, home-based programs shall provide linkages with existing health services for the entire family unit on an as-needed basis. However, Head Start funds may be used to provide health services only for the pre-school members of the family.

(3) Psychological and Social Services

Home-based programs shall provide needed services through existing community resources or within the sponsoring Head Start program in accordance with existing Head Start policies.

b. Curriculum for Children

A major empnasis of the program must be to help parents enhance the total development (including cognitive, language, social, emotional and physical) of all their children.

Whatever the educational program or philosophy of a home-based program, it must have a plan or system for developing individualized or "personalized" education programs for its children.

(N-30-334-1 Continued)

In addition, programs must provide material, supplies and equipment (such as tricycles, wagons, blocks, manipulative toys and books) to foster the children's development in their homes as needed. Provision for such materials may be made through lending, cooperative or purchase systems.

Group socialization experiences must be provided on a periodic basis for all children in home-based programs. The proposal must specify what kind of developmental activities will take place in the group setting.

Furthermore, the education component -- as well as all program components -- must meet the needs of the locale by taking into account appropriate local, ethnic, cultural and language characteristics.

c. Parent Program

Home-based programs reflect the concept that the parent is the first and most influential educator and "enabler" of his or her own children. Thus, home-based programs are to place emphasis on developing and expanding the "parenting" role of Head Start parents.

Home-based programs must give both parents (or parent substitutes and other appropriate family members) an opportunity to learn about such things as various approaches to child rearing, ways to stimulate and enhance their children's total development, ways to turn everyday experiences into constructive learning experiences for children, and specific information about health, nutrition and community resources.

d. Evening and Weekend Services

It is suggested that the program make provision for evening and weekend services to families when needed.

e. Career Development

Programs must provide career development opportunities for staff. For example, training of staff should qualify for academic credit or other appropriate credentials whenever possible.

(N-30-334-1 Continued)

f. Service Delivery System

In their proposals, grantees must describe their system for delivering health, nutrition, psychological and other services that are not provided primarily by the in-home caregiver.

g. Staff Selection

Proposals must describe the program's system for selecting staff in accord with the responsibilities assigned by the program to the staff member. For example, the staff visiting homes must be:

(1) fluent in the language used by the families they serve

(2) responsive listeners

(3) knowledgeable about human development, family dynamics, and needs of children

(4) knowledgeable about all program components

(5) knowledgeable about community resources

h. Staff Development

Programs must submit a staff and volunteer recruitment plan and a training plan, including content of proposed pre- and in-service training programs, teaching method, descriptions of training staff or consultants, and provisions for continued in-service training. The career development plan must be designed to develop or increase staff member's knowledge about:

(1) approaches to and techniques of working with parents

(2) other home-based or Home Start-like programs

(3) all Head Start component areas

i. Volunteers

As in all other Head Start programs, the home-based programs must encourage and provide opportunity for the use of volunteers.

5. Locally Designed Options

In addition to the above models, local programs may elect to design and propose other program options which they find well suited to meet the needs of individual children and the families in their communities. Proposals for local program options must adhere to the following guidelines:

a. They must be derived from an analysis of the present standard Head Start model and must represent a more effective approach to meeting the needs of children in the community.

b. They must be consistent with good developmental practices.

c. They must be consistent with Head Start performance standards and must ensure that all components of Head Start are effectively delivered, unless they are operated as an adjunct to a program which delivers the full range of Head Start services, or unless they represent a special program thrust or circumscribed effort such as:

   (1) Health Start-type program or other services such as sickle cell or lead paint screening.

   (2) summer follow-on services for handicapped high risk or other children with special needs

d. Proposals for local program options will be reviewed and approved in accordance with special procedures to be announced soon involving cooperative review by Regional Office, National Office, and outside specialists.

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M E M O R A N D U M

TO : Friends of Home Start

FROM : Ann O'Keefe, Director
Home Start and Child and Family Resource Program

Ann O'Keefe

SUBJECT: A Guide for Planning and Operating Home-Based Child Development Programs

The enclosed Guide was developed over a two-year period as part of the Home Start demonstration program. Its purpose is to assist any program which is interested in the home-based concept to determine the appropriateness of it for their particular community, and to plan, administer and operate such a program.

Because of your involvement with Home Start at its earliest stage, I am sending you a copy of the Guide, which I hope will be of interest to you.